



PRIMARY AND RURAL HEALTH DIVISION
RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS
PROGRAMS

REQUEST FOR APPLICATION (RFA)
2009-2012

RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAMS
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**RURAL HEALTH SERVICES DEVELOPMENT
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I. BACKGROUND

Introduction The Department of Health Care Services (DHCS), Primary and Rural Health Division (PRHD) requests applications for funding for new and continuing community clinics for the Rural Health Services Development (RHSD) Program and the Seasonal Agricultural and Migratory Workers (SAMW) Program. The RHSD and SAMW Programs provide funding to licensed (unless exempt), private, non-profit community-based primary care clinics for primary care and preventive services to underserved rural and/or seasonal agricultural and migratory populations in California. While these are two distinct programs, only one Request For Application (RFA) is required to apply for either or both grants.

Legislative and Regulatory Authority The RHSD Program was enacted in 1976. The SAMW Program was enacted in 1977. Since then, the RHSD and SAMW Programs have provided support to community clinics for primary medical, dental, outreach, nutrition and health education services to underserved populations in California.

 The RHSD Program is governed by Health and Safety Code Sections 124400 through 124440 and 124700 through 124745, and Title 22 Sections 40201 through 40245.

 The SAMW Program is governed by Health and Safety Code Sections 124400 through 124440 and 124550 through 124570.

Program Purpose The purpose of the RHSD and SAMW Programs is to improve the health of the medically underserved, indigent, and those with cultural and/or language barriers, by increasing accessibility to comprehensive, quality primary health care services provided by community-based clinics.

Grant Period and Anticipated Funding This RFA covers a three-year grant period as follows:

 Year One: July 1, 2009 through June 30, 2010
 Year Two: July 1, 2010 through June 30, 2011
 Year Three: July 1, 2011 through June 30, 2012

 A total of \$8.2 million is anticipated to be available annually for the RHSD Program and a total of \$6.8 million is anticipated to be available annually for the SAMW Program. For each annual grant period, availability and level of funding is contingent on the funds appropriated in the State Budget.

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Important Dates	April 7, 2009	Release of RFA
	April 14, 2009	Questions due to PRHD
	April 17, 2009	Response to Question(s)
	May 5, 2009	Application due – 5 pm
	Week of June 1, 2009	Notice of Award
	July 1, 2009-June 30, 2012	Grant Cycle
Website Address	<p>Refer to the RHSD/SAMW website for an electronic version of the RFA, attachments, and appendices. The URL site is: http://www.dhcs.ca.gov/services/rural/Pages/default.aspx</p>	
Written Questions About the RFA	<p>Questions regarding the instructions in this RFA should be directed to the RHSD/SAMW Program in writing. Communication should be concise and shall include RFA section, page number or other applicable information. The question period will close 5pm, April 14, 2009.</p> <p>The questions should be faxed or e-mailed: Fax: (916) 558-5494 e-mail: corinne.chavez@dhcs.ca.gov</p> <p>Responses to questions will be compiled and posted on the RHSD/SAMW website at: http://www.dhcs.ca.gov/services/rural/Pages/default.aspx</p>	
Addenda	<p>If any clarifications or modifications to this RFA are necessary, all addenda or changes will be posted on the RHSD/SAMW website. It is the responsibility of potential applicants to check the website frequently to keep updated regarding clarification or changes to this RFA. The RHSD/SAMW website is at: http://www.dhcs.ca.gov/services/rural/Pages/default.aspx</p>	

II. PROGRAM COMPONENTS

This Section describes the key components for which agencies may apply. Applicants may request RHSD and/or SAMW funding to perform one or more of the following clinic service components.

Component 1 Primary Health Care Services

Primary Health Care Services include preventive health services, diagnostic, treatment, referral, and follow-up services. Primary health care is characterized by a group of health professionals such as: a primary health care physician (general practitioner, family practice doctor, internist pediatrician), primary care mid-level provider (nurse practitioner,

**Program
Components
(continued)**

Physician Assistant, certified nurse midwife), and dentist to provide patients with a broad spectrum of care across all life stages that results in improved health outcomes, and healthcare delivery.

Component 2 Health Education Services

Health Education services delivered by a health educator or health education aide, and/or community health outreach worker provide education and information to motivate and assist individuals to maintain and improve their health, prevent disease, and reduce health related risk behaviors. Services are delivered at a clinic or in the community.

Component 3 Nutrition Services

Nutrition Services cover a full range of nutritional care delivered by a registered dietician or certified nutritionist. Services include one-on-one and group contacts with patients regarding basic nutrition, medical nutrition therapy, and community citizen group and organization presentations.

Component 4 Health Care Access Services

Health Care Access Services may be developed for Primary Health Care Services, Health Education Services and Nutrition Services components. Access activities may be delivered one-on-one, as a community event, or as a mass media campaign by a public health nurse, health educator, or other appropriate staff (e.g., community health outreach worker or promotor/a/s).

Health Care Access Services provide increased access to the health care system and take into consideration geographic, ethnic and cultural barriers. These services include, but are not limited to, the following:

- Development and implementation of health screening or health education community events
- Promotion of clinic services via electronic media or distribution of printed material
- Surveys to identify community needs
- Assistance with transportation
- Provision of home health care services and;
- Advise individuals of available health insurance benefits

III. ELIGIBILITY REQUIREMENTS

General Program Requirements

In order to be eligible for these funds, applicants must meet general **and** specific program eligibility requirements.

Licensure

Each clinic site for which grant funds are requested shall be a non-profit, community-based, primary care clinic licensed under California Health and Safety Code Section 1204 (a) (1), or exempt from licensure under Health and Safety Code Section 1206 (c).

Service Area

Each clinic site for which funds are requested shall operate within at least one of the following:

- Be located in a Health Professional Shortage Area (HPSA) as designated by the United States Department of Health and Human Services
- Be located in a Medically Underserved Area (MUA) as designated by the United States Department of Health and Human Services
- Serve a Medically Underserved Population (MUP) as designated by the United States Department of Health and Human Services
- Be a Federally Qualified Health Center (FQHC), or provide documentation that the clinic is a FQHC look-alike, or a federally designated Rural Health Center which automatically provides HPSA designation (Section 332 of the Public Health Service Act (42 U.S.C. 254e))
- Have a patient population where at least 50 percent have incomes that are at, or below, 200 percent of the federal poverty level.

Specific Program Requirements

In addition to meeting the General Program Requirements, applicants must also meet the Specific Program Requirements for each program applied for as follows:

RHSD Program:

Applicants for RHSD Program funds shall operate clinic(s) within a rural Medical Service Study Area (MSSA)

- A MSSA is a sub county geographic division within the State as established by the California Health Manpower Policy Commission
- A rural MSSA is defined as having a population density of less than 250 persons per square mile and having no town with a population in excess of 50,000 within the area

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**Specific
Program
Requirements
(continued)**

SAMW Program:

Applicants for SAMW Program funding shall establish that the clinic's patient population includes at least 25 percent seasonal agricultural and migratory workers and their dependents.

- **Seasonal Agricultural Worker:** An individual whose principal employment is in agriculture on a seasonal basis, as opposed to year-round employment; and who, for purposes of employment, does not establish a temporary place of residence. Seasonal workers commute to work in the area of their permanent address. Such employment must have been within the last twenty-four months
- **Migrant Worker:** An individual whose principal employment is in agriculture on a seasonal basis, as opposed to year-round employment and who, for purposes of employment, does establish a temporary place of residence. Migrant workers live in a work area temporarily
- **SAMW Dependents:** A dependent is any person living in the household (relative or non-relative) whose gross income is less than \$2,500/annually. The head of household must provide over one-half of the dependent's total support
- **Agriculture:** Agriculture is farming in all its branches includes: The production of dairy products. The production, cultivation, growing, and harvesting of any agricultural or horticultural commodities. The raising of livestock, bees, or poultry or any practice performed by a farmer or on a farm as an incident to, or in conjunction with, such farming operations, including preparation for market, delivery to storage or to market, or to carriers for transportation to market

**Proof of
Eligibility**

1. Copy of the current clinic license or proof of exemption from licensure
2. Evidence must be submitted with this application of the appropriate HPSA, MUA, MUP designation, or that the clinic serves a percentage of patients with incomes at or below 200% of the federal poverty level. The documentation, described below, must be submitted with the application for funding for each clinic site for which application is being made
 - A copy of the designation letter from the U.S. Department of Health and Human Services, Bureau of Primary Care Services, Division of Shortage Designation, or copy of the online verification (see Appendix A for instructions); or,

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**Proof of
Eligibility
(continued)**

- The clinic's Federally Qualified Health Center (FQHC) number, or documentation that the clinic is a FQHC look-alike, or a federally designated Rural Health Center which automatically provides HPSA designation (Section 332 of the Public Health Service Act (42 U.S.C. 254e); or
 - If the items listed above are not available, the applicant must submit a brief narrative that demonstrates at least 50 percent of their patients have incomes that are at, or below, 200 percent of the federal poverty level at the clinic site(s) for which funds are requested. The federal poverty level website is:
<http://aspe.hhs.gov/poverty/08poverty.shtml>
The narrative must include the methodology in which the applicant used to determine how the 50% patient population was calculated.
2. Evidence of clinic's rural MSSA location (RHSD applicants only) must be submitted with the application for each clinic site. Documentation of rural MSSA may be found on the Office of Statewide Health Planning and Development dash board www.oshpd.ca.gov/ (see Appendix B for instructions).

IV. APPLICATION CONTENTS

**Application
Submission**

Regardless of postmark or method of delivery, PRHD must receive an original application package and one copy on or before 5:00 PM, **May 5, 2009**. The package can be delivered or mailed. Please allow sufficient time for mailing. Faxed and e-mailed documents will not be accepted.

Incomplete or late applications may not be accepted. DHCS reserves the right to reject any or all applications, as well as to make the final selection of applicants for funding. Completed applications should be mailed or delivered to:

Mailed via United States Postal Service (USPS)
Corinne Chavez, Health Program Manager I
Department of Health Care Services
1501 Capitol Avenue, MS 8501
Post Office Box 997413
Sacramento, CA 95899-7413

Courier Mail/Hand Delivery
Corinne Chavez, Health Program Manager I
Department of Health Care Services
RHSD/SAMW Programs
1501 Capitol Avenue, MS 8501
Sacramento, CA 95814-1043

The departmental processing of U.S mail and courier mail can add **2 days** to the delivery time within the Department. **Overnight delivery is NOT delivered** directly to the program.

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**General
Instructions**

While all the forms required for your application are included in this package, all forms and applicant information can also be downloaded from the internet at <http://www.dhcs.ca.gov/services/rural/Pages/default.aspx>.

Applicants must submit one signed original application and one copy of the signed application package. The original must be clearly marked "**ORIGINAL**" on the front page. All documents submitted with the RFA must be typed using a **12-point Arial font**. Signature blocks on all original copies must be signed in **blue ink**. The original and one copy must be stapled or bound by a binder clip on the upper left hand corner. An application submitted unsigned or without the required forms may be rejected without review.

Please see Attachment 1, Application Checklist/Table of Contents for the required sequence of documents in the application.

A completed RFA package must include the following:

- All required information must be assembled in the correct sequence shown on Attachment 1
- Check off each item submitted
- Paginate all pages in sequential order in the lower right page throughout the entire application, including required forms, attachments, or charts
- Do not submit any documents not requested through this RFA

**Project
Narrative**

Applicants must include a Project Narrative. The narrative may not exceed a *maximum* of 8 single spaced typewritten pages each. The Narrative must include information *on each clinic site in which funding is being requested*. The Project Narrative must include:

- Describe the clinic's location
- List the types of services provided
- Describe the clinic's patient population demographic characteristics
- Describe the health needs of the clinic(s) rural population, including, but not limited to, seniors, migratory and other agricultural workers, or American Indians, who have insufficient access to adequate levels of health care services due to geographical isolation of economic factors, and
- How the clinic(s) meets the health needs.

In addition, applicants requesting *SAMW Program funds* must include in the Projective Narrative a description and quantification of seasonal agricultural and migratory workers and their families served by the clinic(s) and the types of services provided by the clinic(s) to this specific population (see Section III, Eligibility Requirements, Specific Program Requirements, SAMW Program).

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**Work Plan
Requirements**

The Work Plan is the applicant's statement of goals and specific objectives to be accomplished with the program funds. The Work Plan will set the standard against which RHSD and SAMW program evaluations, site-visits, and audits will be measured. The Work Plan must be consistent with and justify the budget. Applicants need only submit a Work Plan for year one of the three year grant term.

A Work Plan form is required for each component, each program (RHSD and SAMW), and each clinic site for a three-year period.

Applicants should complete the blank Work Plan for each component as necessary (see Attachment 7).

The required components of each Work Plan are as follows:

Goal:

A general statement of the overall purpose of the proposed work.

Objectives:

A measurable and quantifiable statement indicating:

- How much of something is to be accomplished, (e.g., a specific number)
- By whom (e.g., consultant or type of practitioner position and full-time equivalent); and
- To whom (e.g., participants, patients, etc.)

Activities:

Identify all activities that must be accomplished in order to achieve the objectives. Identify activities to be accomplished, annually. Include some of the procedures and services to be delivered or topics for discussion for each activity.

Time Line:

The time line "07/01/09 thru 06/30/12" should be entered for each major activity.

Responsible Party /FTE:

Indicate the party responsible for activities and indicate what percentage of Full Time Equivalent (FTE) will be used (e.g., Family Nurse Practitioner .50 FTE). The following productivity standards for each FTE are required for the Primary Health Care Services program component

FTE should be consistent with the Work Plan and Budget Detail Worksheet

1 FTE=2,080	Patient Encounters Per Year
Physician	4,200
Dentist	1,800
Mid-level Practitioner: Physician Assistant, Family Nurse Practitioner, Certified Nurse Midwife	2,100
Registered Nurse, Licensed Vocational Nurse, Dental Hygienist, Dental Assistant, Allied Health Staff	No Standards

**Work Plan
Requirements
(continued)**

Performance Measure:

For each activity, include the plan and/or documentation to measure the outcomes resulting from project funding and the criteria to determine the project's success. Duration, frequency and definition of a session should be included for each activity (e.g., 1 workshop may consist of 10 one-hour sessions, delivered twice weekly). It should also include criteria for defining completion of an activity (e.g., 80 percent of participants will complete all 10 sessions).

The applicant's Work Plan should include:

- Objectives that are specific, measurable, achievable, relevant and time-bound
- Proposed Activities clearly describe the what/when/where/and how the project will be implemented
- Appropriate staff positions are identified for each activity
- Describe how the Performance Measure will be assessed

**Budget
Requirements**

The Budget section includes the Sources of Funding, Attachment 5 and the Budget Detail Worksheet (BDW).

1. The applicant must submit Attachment 5, Sources of Funding, form. The Sources of Funding form requires the listing of all funding received by the corporation for Fiscal Year 2009-2010. The applicant must include all federal, state, and local grants, contracts, and agreements for health care services.
2. The Budget is the applicant's proposed distribution of allocated funds. The applicant must complete the Budget Detail Worksheet for year one of the three year grant term. **The applicant must submit a BDW for each program funding (RHSD and/or SAMW) and for each clinic site.** The State Reserves the right to negotiate all budgetary items for funded applicants.

The Budget Detail Worksheet is a one-page document consisting of four numbered line items:

1. Personnel Services
2. Operating Expenses
3. Other Costs
4. Indirect Cost

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**Budget
Requirements
(continued)**

Following is a detailed description of each line item (See Appendix G BDW Sample):

1. Personnel Services

Personnel funded through this RFA are limited to: staff positions directly involved in providing primary care, e.g., general practitioner, family practitioner, nurse practitioner, physician assistant, medical assistant, license vocational nurse, registered nurse, health educator, community outreach worker, promotor/a(s), nutritionist, dentist and dental hygienist, etc. The Personnel Services Line Item consists of two components - *Salaries and Wages* and *Fringe Benefits*.

Salaries and Wages

Salaries and wages must be itemized by classification. For each classification, complete the following columns on the BDW:

Classification Title

- Full-Time Equivalent (FTE) Percent (%) for RHSD and/or SAMW Program
- Full-Time Annual Salaries or Wages (per Classification)
Costs Paid By This Grant

Fringe Benefits

Fringe Benefits may be budgeted for the classification(s) being funded under the Salaries and Wages component. Fringe Benefits may not exceed 32 percent of the total Salaries and Wages.

The Fringe Benefits component includes the following:

- Medical benefits
- Workers' compensation
- Unemployment insurance
- Disability insurance

2. Operating Expenses

The Operating Expenses Line Item includes, but is not limited to, the following:

a. Facilities

- Rent/lease
- Insurance
- Utilities
- Janitorial services
- Security services
- Office supplies
- Communication
- Printing/duplication

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**Budget
Requirements
(continued)**

- b. Travel and per diem for personnel must be consistent with state travel guidelines in the State Administrative Manual. Instructions can be found on the DGS webpage at: <http://sam.dgs.ca.gov/default.htm>

This list is not all-inclusive. Applicants may budget other operating expenses that must be specifically identified. Such costs may be allowed at the discretion of the DHCS.

3. Other Costs

The Other Costs Line Item includes the following:

- Subcontracts and other items not included above
- Education materials

Subcontract costs may include contracted personnel services, such as an on-call physician or nurse.

4. Indirect Cost

The Indirect Cost Line Item includes expenses for administrative/support services that are not directly attributable to one program. Indirect costs are restricted to an amount not to exceed 10 percent of the total Salaries and Wages, *excluding* Fringe Benefits.

All costs budgeted under the Indirect Cost Line Item must be supported by a cost allocation plan. A cost allocation plan documents those allowable costs that are attributable to more than one program and provides a basis for allocating those costs to the programs. Cost allocation plans are **not** submitted with the RFA but must be retained on file by the grantee for audit purposes.

Applicants are encouraged to access the electronic BDW, in excel format on the RHSD/SAMW website: <http://www.dhcs.ca.gov/services/rural/Pages/default.aspx>. This form will allow the applicant to prepare expenditures for one program with multiple sites. Additionally, this form will total the line items. Instructions for using the electronic BDW are available at the RHSD/SAMW website.

Applicants choosing to use the hard copy of the BDW, Attachment 8, must complete one BDW per site, and an additional BDW totaling all sites, per program funding.

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Required Documents

The following items must be included in each application:

- Attachment 1: Application Checklist /Table of Contents
- Attachment 2: Applicant Information Sheet
- Attachment 3: Clinic Site Data Sheet
- Project Narrative
- Copy of the current license or evidence of exemption for each clinic site
- RHSD Program Applicants: Documentation that each clinic operates in a rural MSSA
- Documentation of MUA/MUP/HPSA shortage area designation letter for each site **or** online verification **or** documentation that at least 50% of the patient population served at each clinic site have incomes at or below 200% of the federal poverty level
- Copy of the clinic's current certificate of malpractice insurance
- Copy of the corporation's organizational chart
- Attachment 4: Board of Directors
- Attachment 5: Sources of Funding
- Attachment 6: Authorization to Bind Corporation
- Attachment 7: Work Plan
- Attachment 8: Budget Detail Worksheet
- Attachment 9: Payee Data Record

V. FUNDING METHODOLOGY

Background

In 1999, the PRHD in compliance with H&S Code Sections 124560 (a) (b) (c) and 124710 (a) (3) (c), convened a work group comprised of clinic representatives to develop and recommend a formula for allocation of funds for the RHSD and SAMW FY 2000-2003 grant cycle. The PRHD adopted the 1999 work group's recommended formula. The PRHD conducted a survey of clinics in 2003. Results indicated that clinics overwhelmingly supported the funding formula and recommended that it not be altered. PRHD will continue to apply the workgroup's recommended formula as follows for FYs 2009-2012.

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**Funding
Methodology
(continued)**

1. *"Maintenance of Effort"*:

- Contingent on adequate funds being available in the annual State Budget Act, all eligible clinics that participated in the RHSD and/or SAMW Programs during FY 2008-2009 will continue to receive a minimum of 90 percent of their FY 2008-2009 allocations. (These previously funded clinics are considered "continuing" clinics.)
- Note: The funds for "Maintenance of Effort" will be allocated to individual continuing clinic sites. This will take into consideration continuing clinic sites that have undergone a change in ownership or name change, and meets the requirements in this RFA.

2. *"Need"*:

- The remainder (after Maintenance of Effort funds have been deducted) of each fiscal year's appropriation and any additional funds that may become available, will be allocated based on "Need" (see table on the next page).
- All continuing clinics and any new eligible applicant clinics that meet general and specific program requirements delineated in this RFA will be eligible for these funds.
- Any funds previously awarded to clinics no longer in operation or not applying will be included with the funding for the "Need" component.
- **To the extent that funds are available** for new SAMW clinics, a two-tier system determines the minimum amount that a clinic will be awarded. For new clinics with a patient clientele of 50 percent or more (Tier 1) seasonal agricultural or migratory workers and their dependents, a minimum of \$75,000 may be awarded. For clinics with a patient clientele comprised of between 25 and 49 percent (Tier 2) seasonal agricultural or migratory workers and their dependents, a minimum of \$50,000 may be awarded.

3. Components for Allocation of Funds Based on *"Need"*:

The following components and weights will determine funding amounts for need:

COMPONENT	WEIGHT FOR RHSD	WEIGHT FOR SAMW
Indigent Population	30%	45%
Uncompensated Care	30%	35%
Linguistic Isolation	15%	20%
Geographic Isolation	25%	
Total	100%	100%

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**Funding
Methodology
(continued)**

For specific details regarding the application of the weighted factors, see Appendix D.

Indigent Population

The indigent population is measured by the percent of clinic patients whose incomes are at or below 200 percent of the federal poverty level (FPL).

Uncompensated Care

Information in the Annual Utilization Report is used to measure uncompensated care. Specifically, sliding fee scale write-offs and bad debts are added together and divided by the charges reimbursed at 100 percent to obtain a measure of uncompensated care.

Linguistic Isolation

Linguistic isolation is measured by the percent of clinic patients that do not speak English.

Geographic Isolation

Geographic isolation is a component of need in RHSD Program funding only. It is not a factor in SAMW Program funding. The population density of the MSSA in which it is located measures a clinic's geographic isolation.

Final Funding Allocation

For continuing clinics, the final awards will be based on the totals of the "Maintenance of Effort" component (90%) added to the "Need" funding component (10%).

For newly funded clinics, funding will be based on the need-based component as described above and the minimum statutory funding requirements.

Note: In order to achieve an equitable and balanced statewide distribution, the Primary Rural Health Division (PRHD) may consider location in determining awards.

VI. APPLICATION REVIEW AND SELECTION PROCESS

**Review
Process**

The application review process will be conducted by DHCS staff. Applications will be reviewed for timeliness, completeness, accuracy, and responsiveness to the RFA requirements.

**Grant
Award
Process**

Applicants selected for funding will be notified via "award letters". Grant negotiations will occur following distribution of the award letters. The State reserves the right to negotiate the budget and work plan and not to award a grant if negotiations are unsuccessful. If an applicant fails to finalize the grant, the State reserves the right to fund another application.

Appeal Process An applicant may appeal a denial of funding on the grounds that the RHSD/SAMW Program incorrectly adhered to the review process specified in this RFA. There is no appeal process for incomplete applications or applications submitted after the deadline. See Appendix C for a description of the appeal process.

VII. GRANTEE RESPONSIBILITIES

Grantee Responsibilities Grantees must have the administrative ability to manage state funds and the technical expertise to successfully coordinate and implement proposed project activities. The grantee must maintain the following administrative functions to comply with the DHCS grant agreement.

1. Accounting Procedures
Seek third-party reimbursement, including Medi-cal and private insurance, for any person served under the grant.
Maintain books, payroll records, documents, and ledgers following accounting procedures and practices that reflect all direct and indirect expenses related to the contract. The records shall be kept and made available to the DHCS for three years from the date of the final grant payment, or longer if an audit finding is under appeal. Grantees are required to submit annual audit reports based on the Single Audit Act Amendments of 1996 and Office of Management and Budget (OMB) Circular A-133
2. Payroll Procedures
Maintain standard payroll procedures, including state and federal tax withholding requirements. The procedures must designate who in the agency may sign payroll time cards, requisitions, and invoices.
3. Maintenance of Records
Maintain accurate records pertaining to program implementation, including but not limited to: documenting the number of people served, rosters, curricula used, materials developed, and activities conducted.
4. Staff Training
Provide clinic staff with the appropriate training and experience to fulfill the Work Plan objectives, and if needed, must provide fiscal and administrative staff with training to fulfill payroll and accounting procedures.
5. Patient Rights
Provide services in a manner that respects the beliefs, privacy, and dignity of the patient, and the rights of patients to accept or reject services.
6. Grant Monitoring
Make appropriate personnel, records, and/or documentation (noted in this section and grant agreement) available to State staff for grant monitoring, on-site program evaluations/site visits, and fiscal audits.

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**Reporting
Requirements**

Timely submission of reports is required. Except for the first prospective payment of the first year, DHCS approval of reports is necessary before grant funds will be released to grantees. Required reports include the following:

1. Quarterly Progress Report (QPR) on the Work Plan that reflects the performance on the Work Plan and problems or compliance issues. Quarterly reports are to be submitted within 30 days of the end of each quarter
2. Expenditure Report (ER), due January 31 and July 31, that reflects expenditures on the budgeted items for the reporting period and cumulative expenditures, or any budget problems arising during the reporting period
3. Audit Report due six months following the end of the corporation's fiscal period

**Payment
Schedule**

Successful applicants will receive payment according to the following schedule per Health and Safety Code Section 124745:

1. An amount equal to not more than 50 percent of the total annual grant shall be processed for payment contingent upon the following:
 - a. Formal execution of the grant agreement
 - b. Availability of funds and enactment of the annual State Budget Act
 - c. Submission by the grantee of a written request for payment.
2. A second prospective payment of not more than 40 percent of the annual grant award shall be available after January 1 of each grant year, subject to the following conditions:
 - a. Submission by the grantee of a written request for payment
 - b. Timely and accurate submission of the first Quarterly Progress Report and first Expenditure Report
 - c. DHCS approval of quarterly progress report and budget expenditure report.

RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAMS
REQUEST FOR APPLICATION 2009-2012

**Payment
Schedule
(continued)**

3. An amount equal to at least 10 percent of the total annual grant award, retained by DHCS pending satisfactory submission by the grantee of all required reports and approval by DHCS of those reports, will be paid retroactive to the relevant fiscal year
4. An advance payment equal to not more than 25 percent of the total grant award may be made to the Grantee at the time that the notice of award is issued, subject to the following conditions:
 - a. Such payments shall be made only to the extent funds are available,
 - b. The grantee is a non-profit agency,
 - c. That the department has evaluated the financial stability of the clinic and found it to be reasonably financially sound,
 - d. That advance payments be made only to those nonprofit agencies that request an advance in writing, as further described below,
 - e. That the application or proposal contains the terms and conditions set forth in the request for application or the request for proposal,
 - f. That the application or proposal is signed by an authorized person representing the clinic,
 - g. The amount of the advance payment will be fully liquidated from subsequent grant payments,
 - h. If the grant is not fully executed, the grantee shall repay the full amount of any outstanding advance.

NOTE: During the second and third fiscal years of the three-year grants, the payment of the first prospective payment of up to 50 percent of the annual grant total will occur subject to the following conditions:

- a. Availability of funds and enactment of the annual State Budget Act
- a. Timely and accurate submission of the prior 4th Quarterly Progress Report and all required documents
- b. Submission by the grantee of a written request for payment.

ATTACHMENTS

ATTACHMENT 1: APPLICATION CHECKLIST/TABLE OF CONTENTS

ATTACHMENT 2: APPLICANT INFORMATION SHEET

ATTACHMENT 3: CLINIC SITE DATA SHEET

ATTACHMENT 4: BOARD OF DIRECTORS

ATTACHMENT 5: SOURCES OF FUNDING

ATTACHMENT 6: AUTHORIZATION TO BIND CORPORATION

ATTACHMENT 7: WORK PLAN

ATTACHMENT 8: BUDGET DETAIL WORKSHEET

ATTACHMENT 9: PAYEE DATA RECORD

**RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAMS
FISCAL YEAR 2009-2012**

CORPORATION NAME:

APPLICATION CHECKLIST/TABLE OF CONTENTS

Instructions:

The Rural Health Services Development and Seasonal Agricultural and Migratory Workers Programs Request for Application documentation must be assembled in the order indicated. For verification, check each box if the document is included in the application submitted and indicate the page number in application.

CHECK BOX	PAGE NUMBER/S	CONFIRMED BY DHCS
Attachment 1, Application Checklist/Table of Contents		<input type="checkbox"/> YES <input type="checkbox"/> NO
Attachment 2, Applicant Information Sheet		<input type="checkbox"/> YES <input type="checkbox"/> NO
Attachment 3, Clinic Site Data Sheet		<input type="checkbox"/> YES <input type="checkbox"/> NO
Project Narrative		<input type="checkbox"/> YES <input type="checkbox"/> NO
Copy of <u>current</u> license or documentation of exemption for each clinic site		<input type="checkbox"/> YES <input type="checkbox"/> NO
Documentation of Rural MSSA designation for each clinic site (RHSD only)		<input type="checkbox"/> YES <input type="checkbox"/> NO
MUA/MUP/HPSA Designation Letter, OR Census Tract and Bureau of Health Profession MUA/MUP/HPSA Online documentation OR		<input type="checkbox"/> YES <input type="checkbox"/> NO
Documentation/Narrative of Patient Population at or below 200% FPL (if applicable) (For applicants/clinic sites not in a designated shortage area)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Certificate of Malpractice Insurance		<input type="checkbox"/> YES <input type="checkbox"/> NO
Corporation's Organization Chart		<input type="checkbox"/> YES <input type="checkbox"/> NO
Attachment 4, Board of Directors Form		<input type="checkbox"/> YES <input type="checkbox"/> NO
Attachment 5, Sources of Funding		<input type="checkbox"/> YES <input type="checkbox"/> NO
Attachment 6, Authorization to Bind Corporation		<input type="checkbox"/> YES <input type="checkbox"/> NO
Project Narrative (For applicants applying for RHSD funding)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Attachment 7, Work Plan		<input type="checkbox"/> YES <input type="checkbox"/> NO
Attachment 8, Budget Detail Worksheet		<input type="checkbox"/> YES <input type="checkbox"/> NO
Attachment 9, Payee Data Record		<input type="checkbox"/> YES <input type="checkbox"/> NO

**RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL MIGRATORY WORKERS PROGRAMS
FISCAL YEAR 2009-2012**

APPLICANT INFORMATION SHEET

Corporation Name:		Federal Tax Exempt Number	
Corporation Street Address:			
Corporation City:		Corporation County:	
Corporation Zip Code:		Corporation Zip Code:	
Telephone Number: ()		Fax Number: ()	
Agency E-Mail Address:		Agency E-Mail Address:	
Name of Executive Director:		E-mail Address:	
Name of Financial Officer:		E-mail Address:	
Name of Project Contact Person:		Telephone Number ()	
Types of Proposal: <input type="checkbox"/> Rural Health Services Development <input type="checkbox"/> Seasonal Agricultural and Migratory Workers Program <input type="checkbox"/> Both			
Non-Profit Corporation Number:		Malpractice Insurance Provider:	
Expiration Date:		Expiration Date:	
State Tax Exempt Number:		Agency's Fiscal Year:	
From:		To:	
The undersigned hereby certifies that the information provided in this application is true, correct, and complete. The applicant agrees should funds be made available, comply with the statutes and program requirements of the Rural Health Services Development and/or Seasonal Agricultural and Migratory Workers Programs.			
Executive Director: Name (print): _____ Signature: _____ Date: _____			
Board Chairperson: Name (print): _____ Signature: _____ Date: _____			

**RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAM
FISCAL YEAR 2009-2012**

CORPORATION NAME:

CLINIC SITE DATA SHEET

CLINIC NAME AND ADDRESS	COUNTY(IES) SERVED	RHSD FUNDING REQUESTED (AMOUNT)	SAMW FUNDING REQUESTED (AMOUNT)	OSHPD 9-DIGIT COMMUNITY CLINIC LICENSE NUMBER OR INDICATE IF EXEMPT	NPI NUMBER	CLINIC LICENSE EXEMPT * IDENTIFY YES OR NO	330 CLINIC IDENTIFY YES/NO	CLINIC DESIGNATION IDENTIFY: FQHC, RHC, OR LOOKALIKE	IDENTIFY **NEW OR CONTINUING CLINIC:
1.		\$	\$						
2.		\$	\$						
3.		\$	\$						
4.		\$	\$						
5.		\$	\$						
6.		\$	\$						
7.		\$	\$						
8.		\$	\$						
9.		\$	\$						
10.		\$	\$						
ANNUAL TOTAL		\$	\$						

Complete all columns for each clinic site requesting annual funds only. If you have more than 10 clinic sites submit a second page.

*License Exemption: Health and Safety Code 1206 (c). "Any clinic conducted, maintained, or operated by a federally recognized Indian tribe or tribal organization, as defined in section 450 or 1601 or Title 25 of the United States Code that is located on land recognized as tribal land by the federal government."

** Continuing = Previously funded during FY 2008-2009. New = Not funded by RHSD or SAMW.

**RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAMS
FISCAL YEAR 2009-2012**

BOARD OF DIRECTORS

Name of Board Member:	
Elective Position:	
County of Residence:	
Employer:	
Term (Beginning and Expiration Dates):	

Name of Board Member:	
Elective Position:	
County of Residence:	
Employer:	
Term (Beginning and Expiration Dates):	

Name of Board Member:	
Elective Position:	
County of Residence:	
Employer:	
Term (Beginning and Expiration Dates):	

Name of Board Member:	
Elective Position:	
County of Residence:	
Employer:	
Term (Beginning and Expiration Dates):	

Name of Board Member:	
Elective Position:	
County of Residence:	
Employer:	
Term (Beginning and Expiration Dates):	

Name of Board Member:	
Elective Position:	
County of Residence:	
Employer:	
Term (Beginning and Expiration Dates):	

RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAMS
FISCAL YEAR 2009-2012

SOURCES OF FUNDING

CORPORATION NAME:		
LIST ALL ANTICIPATED INCOME FEDERAL, STATE AND LOCAL GRANTS, CONTRACTS, AND AGREEMENTS FOR HEALTH SERVICES FOR FISCAL YEAR 2009-2010		
NAME OF PROGRAM FUND SOURCE	FUNDING AMOUNT (ESTIMATES IF ACTUAL NOT KNOWN)	FUNDING PERIOD (DATES)
FEDERAL		
	\$	
STATE		
	\$	
LOCAL		
	\$	
PRIVATE		
	\$	
TOTAL FOR ALL SOURCES:	\$	

USE ADDITIONAL SHEETS IF NECESSARY

RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAMS
FISCAL YEAR 2009-2012

AUTHORIZATION TO BIND CORPORATION

THE BOARD OF DIRECTORS OF _____ CORPORATION NAME, IN A DULY
EXECUTED MEETING HELD ON _____ (DATE) AND WHERE A QUORUM WAS PRESENT,
RESOLVED TO AUTHORIZE:

_____ (TYPED NAME)	AND/OR DESIGNEE	_____ (TYPED NAME)
_____ (TITLE)		_____ (TITLE)
_____ (SIGNATURE)		_____ (SIGNATURE)

TO NEGOTIATE AND SIGN THE RURAL HEALTH SERVICES DEVELOPMENT AND/OR SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAM APPLICATION AND ANY PAYMENT REQUESTS THAT MAY RESULT.

THE UNDERSIGNED HEREBY AFFIRMS HE/SHE IS A DULY AUTHORIZED OFFICER OF THE CORPORATION AND STATEMENTS CONTAINED IN THIS APPLICATION PACKAGE ARE TRUE AND COMPLETE TO THE BEST OF THE HIS/HER KNOWLEDGE, AND ACCEPTS AS A CONDITION OF A GRANT AWARD THE OBLIGATION TO COMPLY WITH THE APPLICABLE STATE AND FEDERAL REQUIREMENTS, POLICIES, STANDARDS, AND REGULATIONS. THE UNDERSIGNED RECOGNIZES THIS IS A PUBLIC DOCUMENT AND OPEN FOR PUBLIC INSPECTION.

AUTHORITY TO CONTRACT:

IF SOMEONE OTHER THAN THE CORPORATE BOARD OF DIRECTOR'S CHAIRPERSON IS TO NEGOTIATE AND SIGN ANY RESULTANT GRANT OF THIS APPLICATION, A LETTER OF AGREEMENT AND AUTHORIZATION MUST BE SIGNED AND DATED BY THE BOARD OF DIRECTOR'S CHAIRPERSON, INDICATING THE NAME OF SUCH PERSON AND STATING THAT PERSON'S AREA OF RESPONSIBILITY IN THIS MATTER.

BOARD CHAIRPERSON: _____
(TYPED NAME)

(CHAIRPERSON'S SIGNATURE)

(DATE)

Corporation Name
Grant Number: (State Use Only)
Page x of x

Exhibit A, Attachment I
Work Plan

Name of Component (here)

☐ RHSD ☐ SAMW

Clinic Site Name:

Goal:

Objective:

Activities	Time Line	Responsible Party/FTE	Performance Measure and/or Deliverables

USE ADDITIONAL SHEETS AS NECESSARY. DELETE "ATTACHMENT 7" REFERENCE ABOVE BEFORE SUBMITTING TO RHSD/SAMW

RURAL HEALTH SERVICES DEVELOPMENT (RHSD) PROGRAM

SEASONAL AGRICULTURAL AND MIGRATORY WORKERS (SAMW) PROGRAM

CORPORATION NAME:

CLINIC NAME:

GRANT NUMBER:

09-XXXXX

X

FISCAL YEAR 2009-10

FISCAL YEAR 2010-11

FISCAL YEAR 2011-12

CLASSIFICATION TITLE

% FTE
(RHSD/SAMW
PROGRAMS
ONLY)

FULL TIME ANNUAL
SALARIES OR WAGES

COSTS PAID BY THIS GRANT

TOTAL SALARIES AND WAGES

FRINGE BENEFITS (NOT TO EXCEED 32% OF TOTAL SALARIES AND WAGES)

TOTAL PERSONNEL COST (ITEM 1)

2. OPERATING EXPENSES (e.g. travel, per diem, office supplies, rent)

TOTAL OPERATING EXPENSES (ITEM 2)

3. OTHER COSTS (e.g. subcontracts, educational materials)

TOTAL OTHER COSTS (ITEM 3)

4. INDIRECT COST (Not to exceed 10% of Total Salaries and Wages, Excluding Fringe Benefits)

TOTAL INDIRECT COST (ITEM 4)

TOTAL BUDGET (SUM OF LINE ITEMS 1 THRU 4)

Page 27

PAYEE DATA RECORD

STD. 204 (Rev. 5/06)_DHCS (Page 2)

1	<p>Requirement to Complete Payee Data Record, STD. 204</p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>						
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>						
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>						
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address: wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website: www.ftb.ca.gov</td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: wscs.gen@ftb.ca.gov	For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: wscs.gen@ftb.ca.gov					
For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov					
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>						
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>						
<p>Privacy Statement</p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>							

APPENDICES

- APPENDIX A MEDICALLY UNDERSERVED AREA (MUA)/ MEDICALLY UNDERSERVED POPULATION (MUP)/
HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) ONLINE DOCUMENTATION
INSTRUCTIONS
- APPENDIX B RURAL MSSA ONLINE DOCUMENTATION INSTRUCTIONS
- APPENDIX C APPEAL PROCESS
- APPENDIX D FUNDING METHODOLOGY – WEIGHTED COMPONENTS
- APPENDIX E APPLICATION REVIEW TOOL
- APPENDIX F WORK PLAN SAMPLES
- APPENDIX G BUDGET DETAIL WORKSHEET SAMPLES

*AVAILABLE ONLINE ONLY

RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAMS
REQUEST FOR APPLICATION 2009-2012

**MEDICALLY UNDERSERVED AREA (MUA)/MEDICALLY UNDERSERVED POPULATION (MUP)/HEALTH
PROFESSIONAL SHORTAGE AREA (HPSA) ONLINE DOCUMENTATION INSTRUCTIONS**

To access data on the clinics Medically Underserved Area (MUA), Medically Underserved Population (MUP), or Health Professional Shortage Area (HPSA) designation online using the HRSA Bureau of Health Professions website, simply follow the steps below:

1. **To obtain you census tract number:** To check the status of your HPSA or MUA/MUP designation you must first know your census tract (CT) number. To obtain your census tract number, go to <http://www.ffiec.gov/geocode/default.htm>, select **"2008"** for CTs and enter your **facilities physical address**, **submit** the information and your census tract number will be given. Print out copy and submit with the application.
2. **To check the status of your HPSA designation:** Go to <http://hpsafind.hrsa.gov>, then select **California**, select the county, select discipline, select "show me the HPSA". Once the HPSA designations for your county are given, you must then look through the list for your CT number. The following information about your CT will be given, HPSA status and date updated.
3. **To check the status of your MUA/MUP designation:** Go to <http://muafind.hrsa.gov>, click on **Search the MUA/MUP database** select **California** form the State drop-down menu, type in the **county** and click "find MUA/MUP". The MUA/MUP designations for your county will be given, you must then look through the list by clicking on the county name, then looking for your CT number. The following information will be given, including state, county, census tract, designation type, designation date, and update date. Print out copy and submit with the application.
4. Screen print illustration is available on the RHSD/SAMW website at: www.dhcs.ca.gov/services/rural/Pages/default.aspx



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Geocoding System

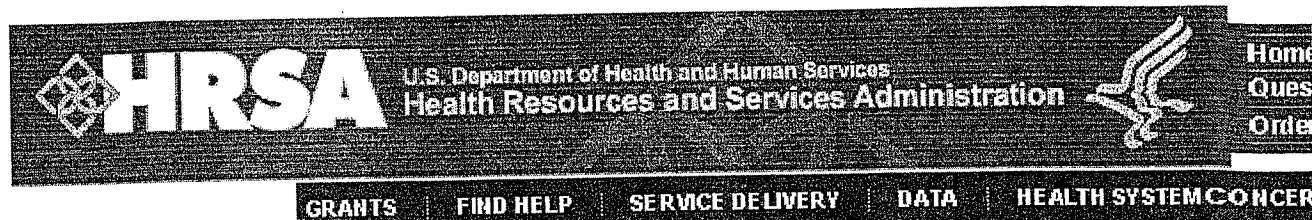
The FFIEC is under contractual agreement with Tele Atlas, its data source vendor for this system, which limits Internet users to enter one address at a time and obtain the appropriate geocoding information. For batch geocoding, please contact Tele Atlas at InfoNA@teleatlas.com for ordering the data.

Requirements: This system requires that you enter a street address along with either a city and state OR a zip code. The FFIEC web site (www.ffiec.gov) is a public web site. In order to see this public web site, you must configure your firewall systems properly to allow this site to be seen by your network. Therefore, you should set the appropriate parameters consistent with your firewall technology and security policies to safeguard your network environment. You may need the assistance of Information Technology professionals trained to work with your individual telecommunications/security systems to configure the correct settings to enable the use of our web site while simultaneously protecting your computer environment.

Year:	<input type="text" value="2008"/>
Street Address:	<input type="text" value="818 Webster Street"/>
City:	<input type="text" value="Oakland"/>
State:	<input type="text" value="CA - California"/>
Zip Code:	<input type="text" value="94607"/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>	

Please select the activity year for the CRA and/or HMDA data you are geocoding. The tract definition for 2006, 2007, and 2008 data are based on the 2000 Census. It is critical that you select the correct activity year when using the FFIEC Geocoding System. The 2006 data reflect updates made in December 2005 by the Office of Management and Budget to the Vero Beach, FL metropolitan statistical area and the Distressed or Underserved Tracts. The 2007 data reflect the addition of two new MSAs 29420 and 37380, and updates to the Essex County, MA metropolitan statistical area made in December 2006 by the Office of Management and Budget. The 2008 data reflect updates made in November 2007 by the Office of Management and Budget to the Sarasota-Bradenton-Venice, FL metropolitan statistical area.

Last update: 07/17/2008 4:49 PM



Find Shortage Areas: MUA/P by State and County

Shortage
Designation
Home

Find
Shortage
Areas

HPSA &
MUA/P by
Address

HPSA by
State &
County

HPSA
Eligible for
the
Medicare
Physician
Bonus
Payment

Criteria:

State: California

County: Alameda County

ID #: All

Results: 97 records found.

Name	ID#	Type	S
Alameda County			
Alameda Service Area	00326	MUA	
CT 4013.00			
CT 4015.00			
CT 4016.00			
CT 4017.00			
CT 4018.00			
CT 4019.00			
CT 4020.00			
CT 4021.00			
CT 4023.00			
CT 4024.00			
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CT 4026.00			
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CT 4029.00			
CT 4030.00			
CT 4031.00			
CT 4032.00			
CT 4033.00			
CT 4034.00			
Alameda Service Area	00327	MUA	
CT 4037.00			
CT 4052.00			
CT 4053.00			
CT 4054.00			
CT 4055.00			
CT 4056.00			
CT 4057.00			
CT 4058.00			
CT 4059.00			
CT 4060.00			
CT 4061.00			
CT 4062.02			
CT 4063.00			
CT 4064.00			
CT 4065.00			
CT 4066.00			
CT 4070.00			
CT 4071.00			
CT 4072.00			
CT 4073.00			
CT 4074.00			
CT 4075.00			
CT 4076.00			
CT 4078.00			
Alameda Service Area	00328	MUA	
CT 4077.00			
CT 4082.00			
CT 4083.00			

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Submit copy
of this
document
with the
census tract
clearly
marked.



FEDERAL FINANCIAL INSTITUTIONS EXAMINATION COUNCIL
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Geocoding System

Geocode Search Result for 2008 HMDA/CRA Reporting

Street Address	818 WEBSTER ST	MSA/MD Code	36084
City Name	OAKLAND	State Code	06
State Abbreviation	CA	County Code	001
Zip Code	94607	Tract Code	4030.00

MSA/MD Name: OAKLAND-FREMONT-HAYWARD, CA
State Name: CALIFORNIA
County Name: ALAMEDA COUNTY

[Get Census Demographic](#)

[Get Street Map](#)

Last update: 07/17/2008 4:49 PM



**Submit copy
of this
document
with the
census tract
clearly
marked.**

Maintained by the FFIEC. For suggestions regarding this site, [Contact Us](#).

**RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAMS
REQUEST FOR APPLICATION 2009-2012**

RURAL MSSA ONLINE DOCUMENTATION INSTRUCTIONS

To access data on the clinics Medical Service Study Area (MSSA) Identification online using the Federal Financial Institutions Examination Council (FFIEC) and the Office of Statewide Health Planning and Development (OSHPD) website, follow the steps below:

1. Identify your census tract code number: In order to check the status of your MSSA designation you must first know your census tract code number. To obtain your census tract code number, go to <http://www.ffiec.gov/Geocode/default.aspx>, select year "2008" for tract code and enter your facilities physical address, search the information and your tract code number will be given. Print out copy and submit with the application.
2. Then go to OSHPD <http://www.oshpd.ca.gov/> to obtain your MSSA ID. To obtain your MSSA ID select Healthcare Workforce Development, select Shortage Designation Program, select California Healthcare Workforce GIS maps and data, select COOP Dashboard, click on the brown arrow next to "COOP Dashboard". Click on "Open". Double-click MSSA Dashboard, click on "Open", select County Summary and your MSSA ID number will be given under Census Tracts in this County. Enter MSSA ID number in the MSSA search field. See designation field to determine if MSSA is considered "rural". Print out copy and submit with the application.
3. Screen print illustration is available as a PowerPoint presentation at the RHSD/SAMW www.dhcs.ca.gov/services/rural/Pages/default.aspx.

Office of Statewide Health Planning and Development - Home Page - Microsoft Internet Explorer provided by OSHPD

File Edit View Favorites Tools Help

Address <http://www.oshpd.ca.gov/>Links [BHR - Shortage Designation](#) [BHR - Student Assistance](#) <http://www.gao.gov/new.items/d04124.pdf> [National Health Service Corps sliding fee](#) www.oshpd.ca.gov/

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Website address: <http://www.oshpd.ca.gov/>Skip to: [Content](#) | [Footer](#) | [Accessibility](#)

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California This Site


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Statewide Health Planning and Development**
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[Education Assistance](#) | [Workforce Programs](#) | [Jobs in Rural Areas](#) | [Maps & GIS](#)
**GOVERNOR
SCHWARZENEGGER**

 Visit his Website
HEALTHY CALIFORNIA

- » Governor J. Lynn's Health Care Reform Proposal
- » www.fixourhealthcare.ca.gov
- » Be Prepared California

GENERAL LINKS

- » Acronyms
- » Contact List
- » Help Tools
- » Public Records Request
- » Site Map
- » Comment on the New Site

osHPD


Home**Welcome to OSHPD - Equitable Healthcare Accessibility for California**

The Office of Statewide Health Planning and Development is one of 13 departments within the California Health and Human Services Agency. OSHPD administers programs which endeavor to implement the vision of "Equitable Healthcare Accessibility for California."

PROGRAMS

- » **Facilities Development**: The building department for hospitals and skilled nursing facilities.
- » **California Loan Insurance**: Providing loan insurance for non-profit healthcare facility development.
- » **Healthcare Workforce Development**: Identifying and addressing California's healthcare workforce.
- » **Healthcare Information**: Connecting data and distributing information on health & healthcare in California.
- » **Administrative Services**: Providing business and contract services, fiscal support, and human resources.
- » **Health Professions Education Foundation**: Providing Scholarships and Loan Repayments for Health Students.
- » **Rural Health Policy Council**: Working to strengthen healthcare systems in rural communities.

Click on
"Healthcare
Workforce
Development."

WHAT'S NEW AT OSHPD**Hospital Fair Pricing Program Website:**

OSHPD has launched a new interactive website where you can search for and compare hospital policies for discount payment and free care. Learn what income levels qualify for discounted and free care, and get application forms and contact information for each hospital for assistance in applying for care.

2006 Annual Financial Data is now available. To access annual financial reports on California hospitals utilize the following Query Applications. Data is provided on more than 250 elements including revenues, financial ratios, and licensing status. Hospitals can be queried by name, county, type of care and bed size. The queries provide profiles



File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Home


Address http://www.oshpd.ca.gov/HWDD/index.html

Skip to: Content | Footer | Accessibility

Search

☐ California ☒ This Site

Go


**Office of
Statewide Health Planning and Development** **osHPD**
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[Education Assistance](#) | [Workforce Programs](#) | [Jobs in Rural Areas](#) | [Maps & GIS](#)
HWDD QUICKLINKS

- » CA Healthcare Workforce Policy Commission
- » GIS/Map Sites
- » Healthcare Occupations
- » Health Professions Shortage Areas
- » Mailing List
- » Mini Grants
- » MSSAMUas/MUPs
- » FAQs
- » Site Map
- » Healthcare Pathways

GENERAL LINKS

- » Acronyms
- » Contact List
- » Help Tools

http://www.oshpd.ca.gov/HWDD/HCTP.html

[Home](#) » [HWDD](#)**Healthcare Workforce Development Division (HWDD) Home****HWDD PROGRAMS AND SERVICES**

- » News Alerts
- » Health Careers Training Program (HCTP)
- » Health Workforce Pilot Projects Program (HWPP)
- » National Health Service Corps (NHSC) / California State Loan Repayment Program (CSLRP)
- » **Shortage Designation Program**
- » Song-Brown Family Physician Training Program
- » Research, Policy and Planning GIS/Data System
- » Healthcare Workforce Diversity Advisory Council (HWDAC) member listing
- » HWDD Frequently Asked Questions (FAQs)
- » HWDD Publications and Reports

Click on "Shortage
Designation Program."

NOTE FROM THE DEPUTY DIRECTOR

Federal and State authorities provide guidance and criteria for HWDD program operations. HWDD supports healthcare accessibility through the promotion of a diverse and competent workforce while providing analysis of California's healthcare infrastructure and coordinating healthcare workforce issues. The division's programs, services and resources address, aid and define healthcare workforce issues throughout the state by:

» [Examining the healthcare workforce and its impact on the state's health care system](#)
[Start](#) | [Novell Groupwise - M...](#) | [Microsoft PowerPoint...](#) | [Office of Statewide H...](#) | [Internet](#) | [10:59 AM](#)

» Health Workforce Pilot Projects Program (HWPP)

» National Health Service Corps (NHSC) / California State Loan Repayment Program (SLRP)

» Shortage Designation Program

» Song-Brown Family Physician Training Program

» Research, Policy and Planning GIS/Data System

» FAQs

» Site Map

400 R Street, Suite 330
Sacramento, CA 95811-6213
Phone: (916) 326-3700
Fax: (916) 322-2588

GENERAL LINKS

- » Acronyms
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oshpd

Save money, energy, and the environment. **POWER**

SHORTAGE DESIGNATION PROGRAM

The Shortage Designation Program (SDP) provides technical assistance to clinics and other primary care providers seeking recognition as a federally designated Health Professional Shortage Area (HPSA) for Primary Care, Dental Health, and Mental Health disciplines or Medically Underserved Area/Medically Underserved Population (MUA/MUP). SDP provides data analysis services and liaisons between the federal government and healthcare provider sites applying for HPSA or MUA/MUP status. Shortage designations:

- » Enable clinics to be eligible for assignment of National Health Services Corp Personnel or apply for Rural Health Clinic Certification, Federally Qualified Health Center status (FQHC), FQHC Look-Alike, or New Start/Expansion program, depending on the designation
- » Promote OSHPD's mission of "Equitable Healthcare Accessibility for California"

The program is the State's liaison to the federal Shortage Designation Branch (SDB) of Health Resources and Services Administration. The program was authorized by Congress as the Emergency Health Personnel Act of 1970 under the U.S. Public Health Service Act. The federal government funds the program. Criteria, amendments, and authorizations:

- » Section 330 (MUA/MUP)
- » Section 332 (HPSA)

» Health Care Safety Net Amendments 2002 (Automatic Facility HPSA design)

ANNOUNCEMENTS:

March 20-21, 2008 Technical Assistance Workshop | Public Notice | Agenda

RESOURCES

- » California Healthcare Workforce GIS maps and data
- » Resource and Technical Assistance for Shortage Designation Application Process
- » Shortage Designation Program Brochure

Contacts:

Konder Chung, Manager
Telephone: (916) 326-3706
Email: Kchung@oshpd.ca.gov

Julie Montoya, Program Administrator
Telephone: (916) 326-3732
Email: jmontoya@oshpd.ca.gov

Hardeep Lal, Program Analyst

Click on "California Healthcare Workforce GIS maps and data."

The California Environmental Catalog - Catalog Description - Microsoft Internet Explorer provided by OSI/PA - MISS Version 1.0

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites

Address <http://gis.ca.gov/catalog/BrowseCatalog.epl?id=1044> Go Links Y! Search Web

Thursday, February 7, 2008

Welcome to California

California Home

CEIC Home
Introduction
Contribute Entries

Look for Data

By Catalog Name
By Resource Type
By Keyword
By Contributor
By Geographic Area
Latest Additions
Collaborations
Catalog Contacts

Related Links

Resources Agency
California Spatial Information Library
CERES
USGS
FGDC
CalSpace UCd

Catalog Description

California Healthcare Workforce Catalog

Catalog Detail

Catalog Name: California Healthcare Workforce Catalog
Organization: Office of Statewide Health Planning and Development
URL: <http://www.oshp.ca.gov/>

Catalog Description: This data was developed by the Office of Statewide Health Planning and Development (OSHPD) and the following programmatic areas: 1) Health Care Workforce and Community Health Care Workforce 2) Identifies local physicians and non-physician practitioners in California.

Created By: Dave Dixon
Last Updated: 2008020509:554

Collaborating Catalogs

Datasets

COOP Dashboard
Health Professional Shortage Area - Dental
Health Professional Shortage Area - Mental Health
Health Professional Shortage Area - Primary Care
Medical Service Study Area (MSSA) Census Tract Detail

Click on the brown arrow next to "COOP Dashboard".

Quick Search: go
Advanced Search

Start Novell 2 Windows The Calif... Macaroni... Microsoft... Internet 2:48 PM

The California Environmental Catalog Catalog Description - Microsoft Internet Explorer provided by OSHPD - MISSA Catalog

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Address http://gis.ca.gov/catalog/BrowseCatalog.epl?id=1044

Thursday, February 7, 2008

Welcome to California

California Home

The California Environmental Information Catalog

File Download

Some files can harm your computer. If the file information below looks suspicious, or you do not fully trust the source, do not open or save this file.

File name: MISSA_Dashboard_2005.zip
File type: WinZip File
From: gforce.casl.ucdavis.edu

☒ Always allow automatic opening of this type of file

Click on "Open."

ing and Development's (OSHPD) DD). The data is used to support underrepresented groups to pursue and 3) encourages primary care in medically underserved areas in

Related Links

- Resources Agency
- California Spatial Information Library
- CERES
- USGS
- FGDC
- CalSpace UCD

Collaborating Catalogs

- COOP Dashboard
- Health Professional Shortage Area - Dental
- Health Professional Shortage Area - Mental Health
- Health Professional Shortage Area - Primary Care
- Medical Service Study Area (MISSA) Census Tract Detail

Created By: Dave Dixon
Last Updated: 20080206093354

2 Novell G... 2 Windows E... 3 Internet ... Microsoft Pow... 2:49 PM

The California Environmental Catalog - Catalog Description - Microsoft Internet Explorer provided by OSI HPD

File Edit View Favorites Tools Help

Back Search Favorites Go Links Y1 2 Search Web

Address http://gis.ca.gov/catalog/BrowseCatalog.epl?id=1044

Thursday, February 7, 2003

Welcome to California

The California Environmental Information Catalog

CEIC Home
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Contribute Entries

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By Catalog Name
By Resource Type
By Keyword
By Geographic Area
Latest Additions
Collaborations
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Related Links

Resources Agency
California Spatial Information Library
CERES
USGS
ESRI
CalSpace UCD

1.91 MB of MSSA Dashboard 2005

Opening:
MSSA Dashboard 2005.zip from gforge.cesl.ucdavis.edu

Estimated time left: Not known (Opened so far: 1.91 MB)
Download to: Temporary Folder
Transfer rate: 280 KB/Sec
☒ Close this dialog box when download completes

Open Open Folder Cancel

File is downloading.

Quick Search: go
Advanced Search

Created By: Dave Dixon
Last Updated: 2008020809354

Collaborating Catalogs

Datasets

COOP Dashboard
Health Professional Shortage Area - Dental
Health Professional Shortage Area - Mental Health
Health Professional Shortage Area - Primary Care
Medical Service Study Area (MSSA) Census Tract Detail

Joining and Development's (OSI-HPD) (MCD). The data is used to support underrepresented groups to pursue 1 and 3) encourages primary care and 3) encourages underserved areas in California.

Start Done

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2:52 PM

The California Environmental Catalog - Catalog Description - Microsoft Internet Explorer provided by AOL

File Edit View Favorites Tools Help

Back Search Favorites Go Links YI Search Web

Address <http://gis.ca.gov/catalog/BrowseCatalog.asp?id=1044>

California Home

Thursday, February 7, 2008

Welcome to California

WinZip - MSSA Dashboard 2005 [1] Zip

File Actions Options Help

Name	Type	Modified	Size	Ra..	Packed	Path
MSSA Dashb...	Microsoft...	2/6/2008 9:14 AM	13,02...	74%	3,323...	

Double-click on MSSA Dashboard.

Selected 0 files, 0 bytes

Total 1 file, 12,720KB

Catalogs

Related Links

Resources Agency

California Spatial Information Library

CERES

USGS

FGUIC

CalSpace UCD

Catalog Description

the following programmatic areas: 1) encourage demographically underrepresented groups to pursue healthcare careers 2) identifies geographic areas of unmet need, and 3) encourages primary care physicians and non-physician practitioners to provide healthcare in medically underserved areas in California.

Created By: Dave Dixon

Last Updated: 20080206093354

Collaborating Catalogs

Datasets

COOP Dashboard

Health Professional Shortage Area - Dental

Health Professional Shortage Area - Mental Health

Health Professional Shortage Area - Primary Care

Medical Service Study Area (MSSA) Census Tract Detail

2 Novell... 2 Windo... 2 Intern... Microsoft... WinZip - ... Internet

2:53 PM

The California Environmental Catalog - Catalog Description - Microsoft Internet Explorer provided by OSI HPD - MSSA_V021

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California Home

Thursday, February 7, 2008

Welcome to California

WinZip - MSSA Dashboard_200511.zip

File Actions Options Help

New Open WinZip Caution

Name: MSSA_Dashb...
Op

This file has a potentially unsafe file type of .MDB:
MSSA_Dashb...
You should not open this file if you received it from an untrusted source, or in an attachment to an unexpected or suspicious e-mail message.
Do you still want to open this file?
☐ Do not display this dialog box in the future when opening .MDB files.

Yes No More Info

Click on "Yes" to unzip file.

Selected 1 file, 12,720KB

Total 1 file, 12,720KB

Development's (OSI-HPD) Catalog Description: the following programmatic areas: 1) encourage demographically underrepresented groups to pursue healthcare careers 2) identifies geographic areas of unmet need, and 3) encourages primary care physicians and non-physician practitioners to provide healthcare in medically underserved areas in California.

Created By: Dave Dixon
Last Updated: 2008020609354

Collaborating Catalogs

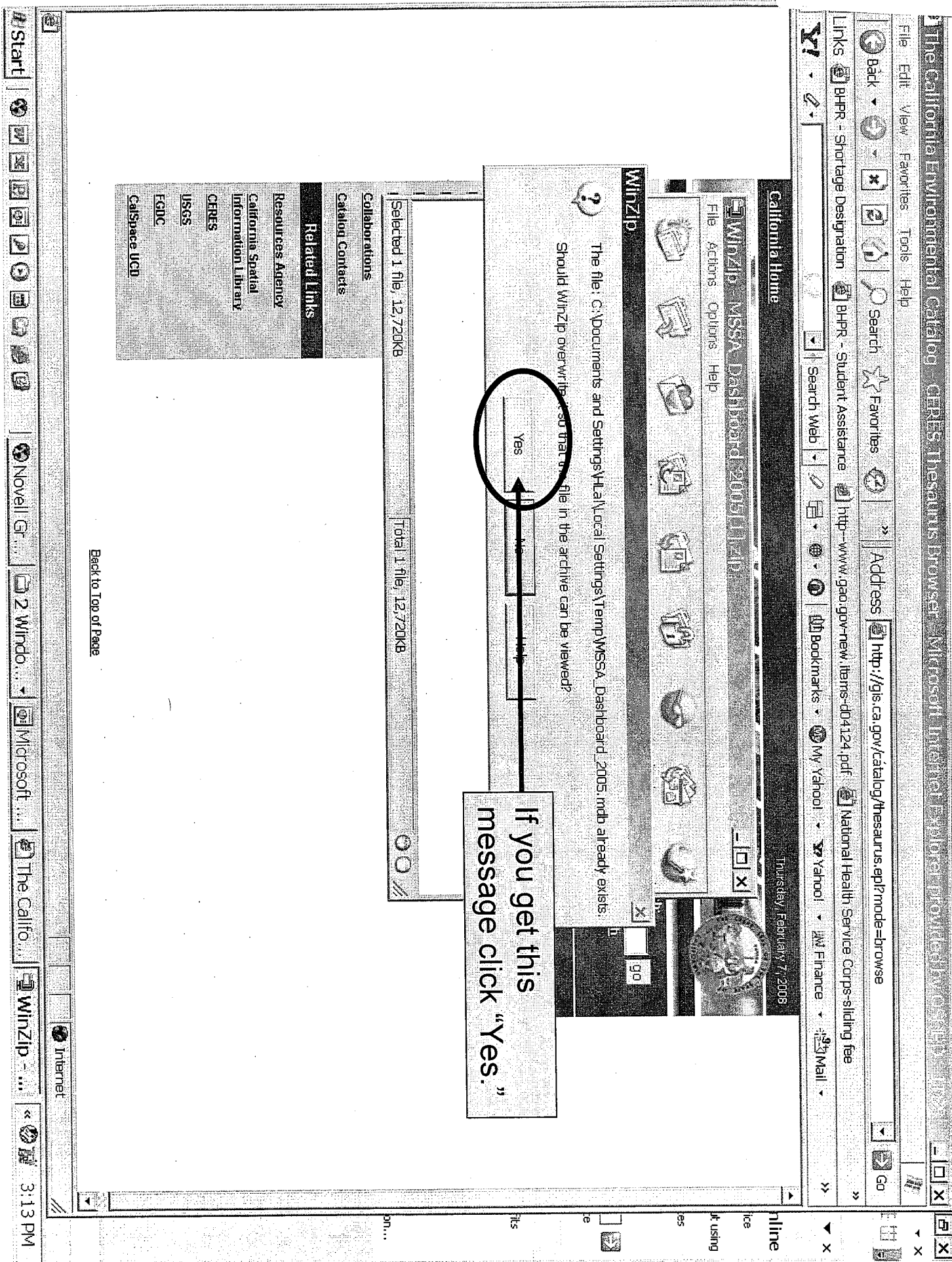
Datasets:

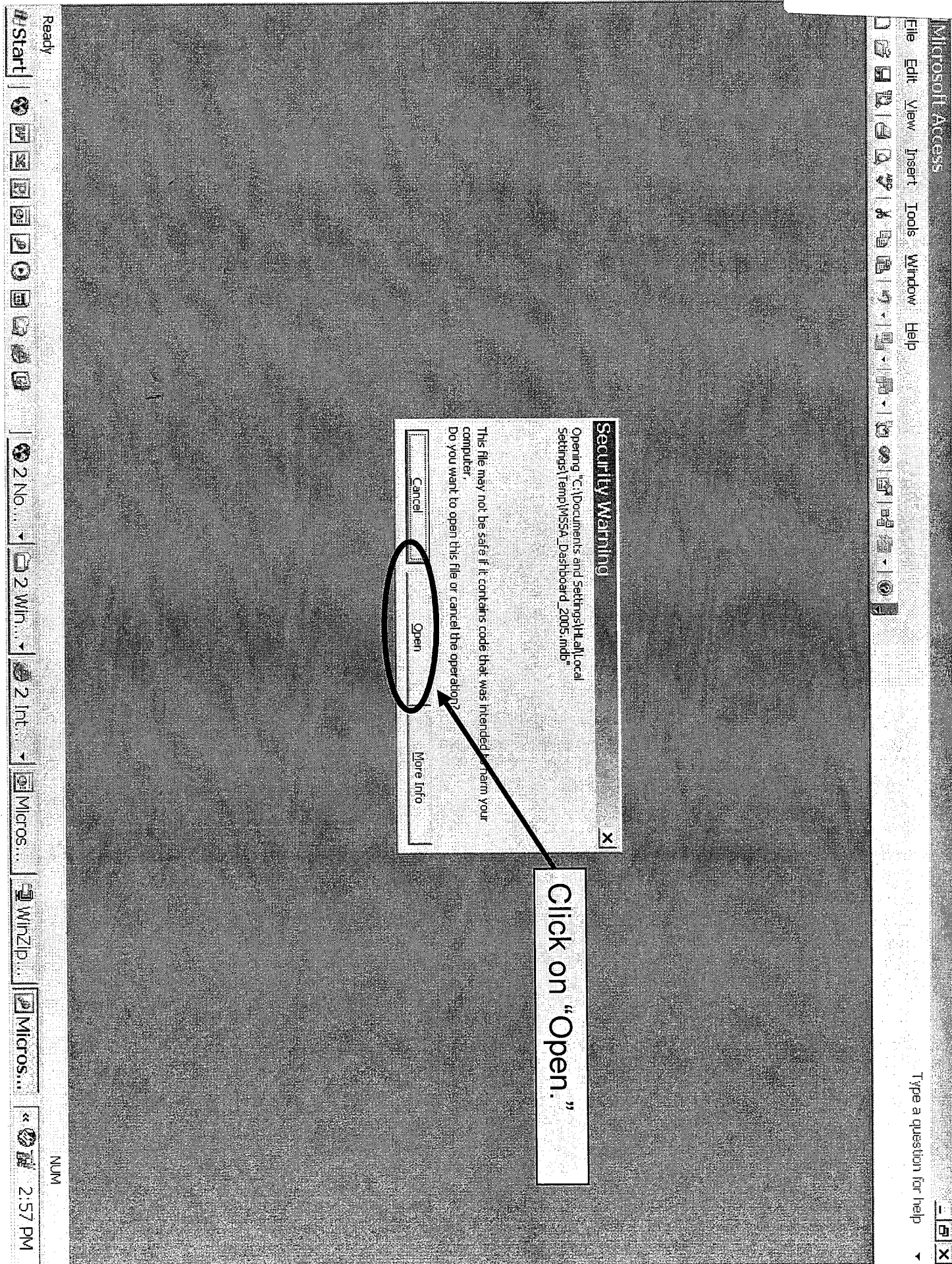
- COOP Dashboard
- Health Professional Shortage Area - Dental
- Health Professional Shortage Area - Mental Health
- Health Professional Shortage Area - Primary Care
- Medical Service Study Area (MSSA) Census Tract Detail

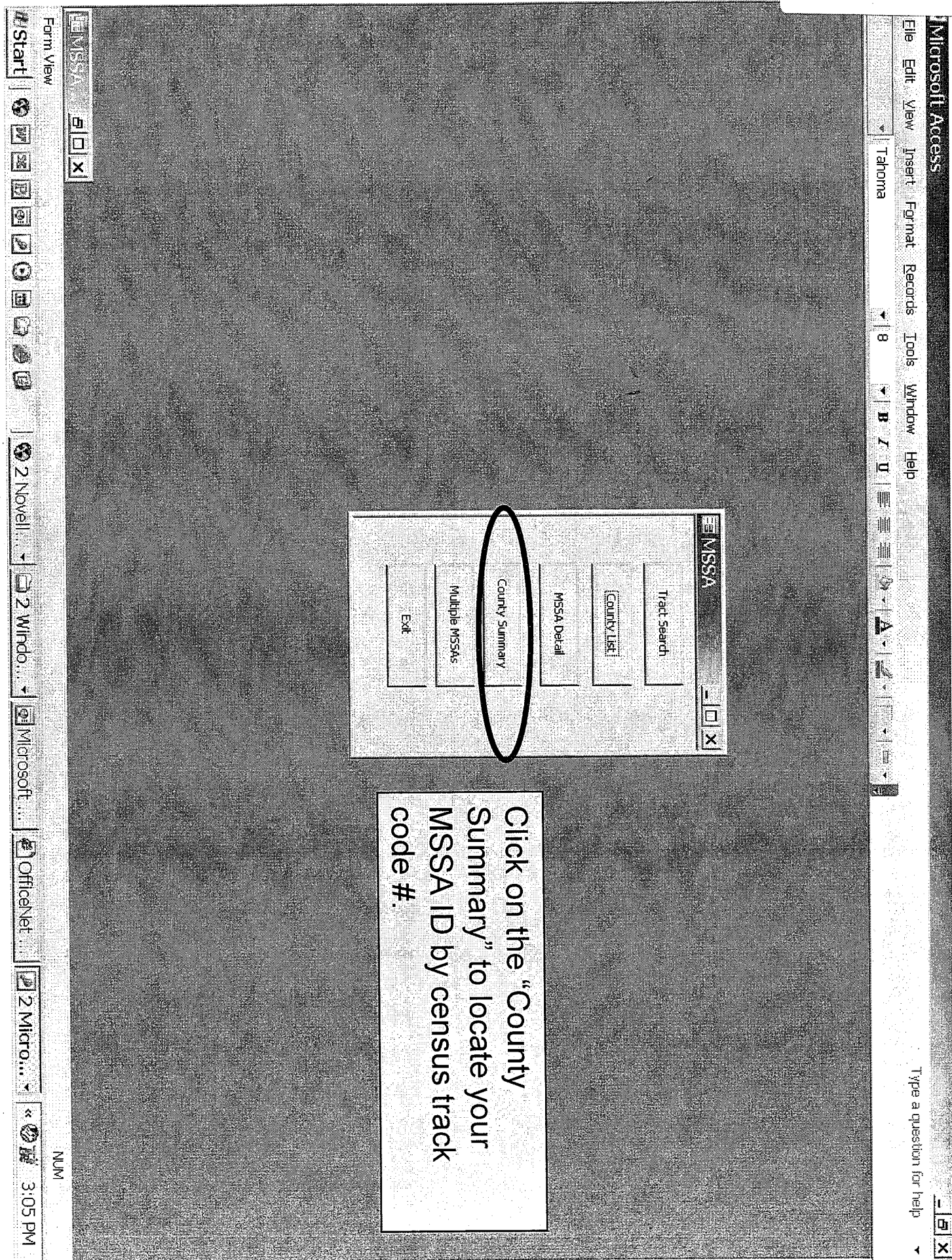
Related Links

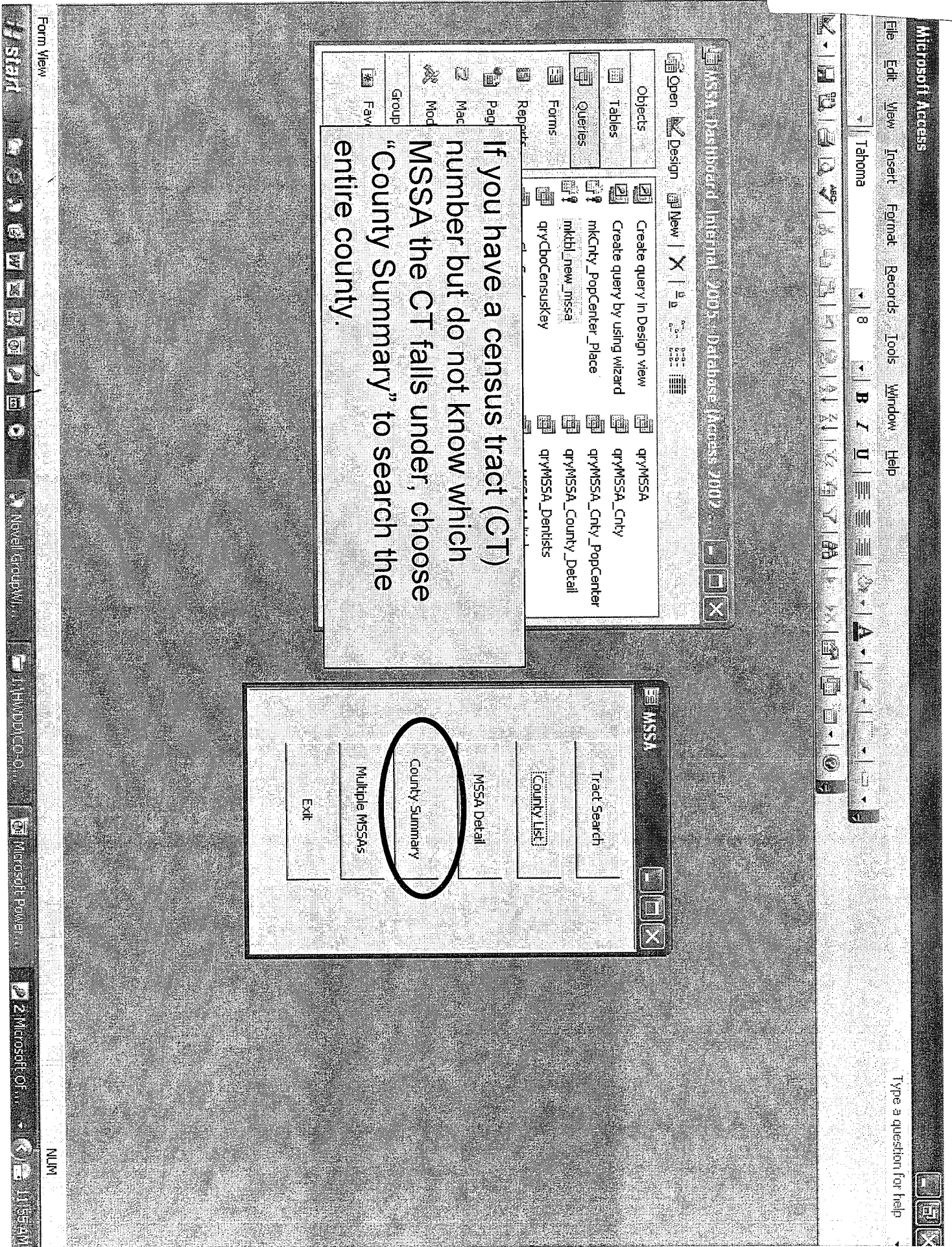
- Resources Agency
- California Spatial Information Library
- CERES
- USGS
- FGUC
- CalSpace UCD

Start | 2 Novell... | 2 Windo... | 2 Intern... | Microsoft... | WinZip - ... | Internet | 2:55 PM









Medical Service Study Areas - County Summary

Search Result For:

County: Sonoma

Area - Square Miles:

1,768.0

Civilian Population: 459,017 Population Dens
 Pop. 100% Poverty: 37,920 Pct. 100% Pover
 Pop 200% Poverty: 104,262 Pct. 200% Pover

Under the "Search Results For" drop down menu, choose the county your address is located in.

in this County

Population White: 372,528 % White Population: 81.16
 Population Black: 6,625 % Black Population: 1.44
 Population Hispanic: 97,383 % Hispanic Population: 21.20
 Population Asian: 16,478 % Population Asian: 3.59
 % Population Over 65: 10.86

Youth Ratio: 0.36 Elder_Ratio: 0.16

Population Center
 Place: Santa Rosa Primary Care: 1504.97
 Place Pop: 135,419 Dentists: 1566.61
 Tract: 1506.05 Psychiatrists: 9000.33
 Tract Pop: 13,587

Show Contiguous
 Primary Care
 Show Contiguous
 Dental / Mental Health

Use the dropdown at the top to select a Medical Service Study Area.

Office of Statewide Health Planning and Development

Healthcare Workforce and Community Development Division

MESA_ID	CENSUS_KEY	TRACT_CODE
205.1	06097153901	153901
205.1	06097153902	153902
205.1	06097153903	153903
205.1	06097154000	154000
205.2	06097153801	153801
205.2	06097153802	153802
205.2	06097153803	153803
206	06097154100	154100
206	06097154200	154200
207	06097153600	153600
207	06097153703	153703
207	06097153704	153704
207	06097153705	153705
207	06097153706	153706

Record: 1 of 86

Report

Close

Microsoft Access

Edit View Insert Format Records Tools Window Help

JD Arial 10 B I U

Medical Service Study Areas - County Summary

Search Result For:

County: Sonoma

Civilian Population:

459,017

Population Density:

Pop 100% Poverty:

37,920

Pct 100% Poverty:

104,262

Pop 200% Poverty:

Pct 200% Poverty:

22.71

Population White:

372,528

% White Population:

81.16

Population Black:

6,625

% Black Population:

1.44

Population Hispanic:

97,333

% Hispanic Population:

21.20

Population Asian:

16,478

% Population Asian:

3.59

% Population Over 65:

10.86

Youth Ratio:

0.36

Elder Ratio:

0.16

Population Center

Place:

Santa Rosa

Physician Ratio's

1504.97

Place Pop:

135,419

Dentists:

1566.61

Tract:

1506.05

Psychiatrists:

9000.33

Tract Pop:

13,587

Show Contiguous
Primary CareShow Contiguous
Dental / Mental Health

Use the dropdown at the top to select a Medical Service Study Area.

Office of Statewide Health Planning and Development

Healthcare Workforce and Community Development Division

Record: 14 1 1 of 1

After you select the county, all of the county information, including CTs will populate. To locate your CT, use the arrow to scroll through the "tract codes" until you find your CT. Print this page and identify census track and MSSA #. Submit this page with application.

Census Tracts in this County

MSSA ID	CENSUS_KEY	TRACT_CODE
205.1	06097153901	153901
205.1	06097153902	153902
205.1	06097153903	153903
205.1	06097154000	154000
205.2	06097153801	153801
205.2	06097153802	153802
205.2	06097153803	153803
206	06097154100	154100
206	06097154200	154200
207	06097153600	153600
207	06097153703	153703
207	06097153704	153704
207	06097153705	153705
207	06097153706	153706

Record: 14 1 1 of 86

Report

Close

Type a question for help

osoft Access

Edit View Insert Format Records Tools Window Help

ID Arial 10 B I U A

Medical Service Study Areas - County Summary

Search Result For:

County: Sonoma

Area - Square Miles:

1,768.0

Civilian Population:

459,017

Population Density:

259.6

Pop 100% Poverty:

37,920

Pct 100% Poverty:

8.26

Pop 200% Poverty:

104,262

Pct 200% Poverty:

22.71

For this example, let's choose CT
1539.01, which is in MSSA 205.1.

Pop

Pop

Population Asian:

16,478

% Population Asian:

3.59

% Population Over 65:

10.86

Youth Ratio:

0.36

Elder_Ratio:

0.16

Population Center

Place:

Santa Rosa

Physician Ratio's

1504.97

Place Pop:

135,419

Dentists:

1566.61

Tract:

1506.05

Psychiatrists:

9000.33

Tract Pop:

13,587

Show Contiguous
Primary Care

Show Contiguous
Dental / Mental Health

Use the dropdown at the top to select a Medical Service Study Area.

Office of Statewide Health Planning and Development

Healthcare Workforce and Community Development Division

Record: 1 of 1

from MSSA County Detail

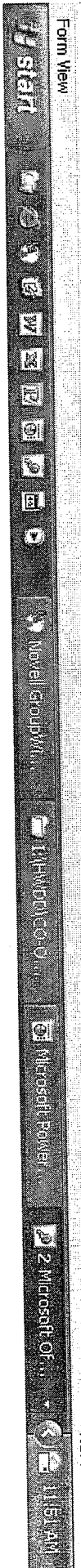
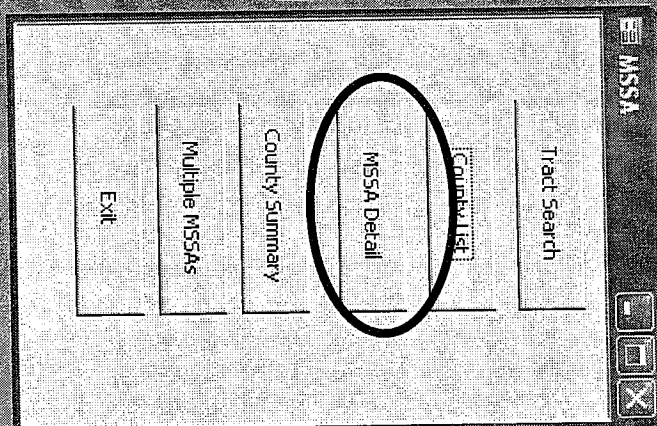
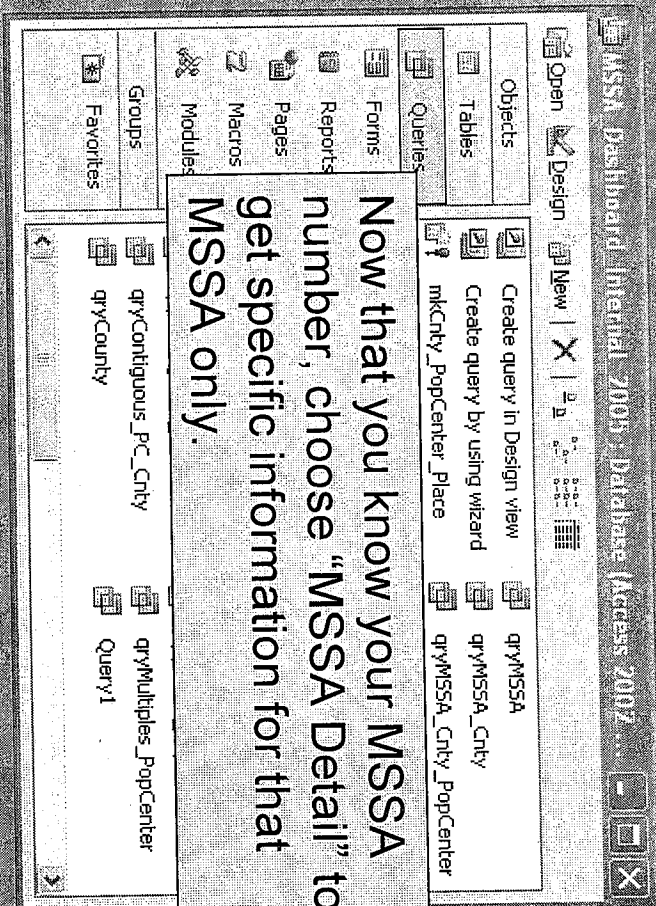
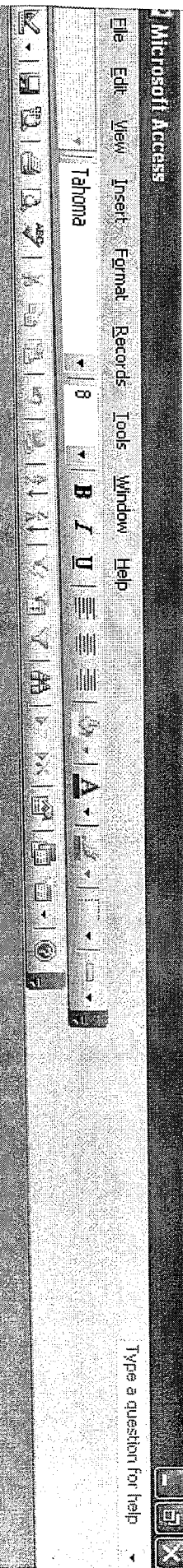
Census Tracts in this County

MSSA ID	CENSUS TRACT	TRACT CODE
205.1	06097153901	153901
205.1	06097153902	153902
205.1	06097153903	153903
205.1	06097154000	154000
205.2	06097153801	153801
205.2	06097153802	153802
205.2	06097153803	153803
206	06097154100	154100
206	06097154200	154200
207	06097153600	153600
207	06097153703	153703
207	06097153704	153704
207	06097153705	153705
207	06097153706	153706

Record: 1 of 86

Report

Close



Medical Service Study Areas

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Search Result For:

MSSA: 205.1

County: Sonoma

MSSA Definition:

Rural

Area - Square Miles:

114.8

Geyserville/Healdsburg

Total Population: 16,571

Pop 100% Poverty: 1,431

Pop 200% Poverty: 4,181

Infant Mortality: 8.94

Based on Total Population

Population White: 13,178

Population Black: 89

Population Hispanic: 4,873

Population Asian: 156

Based on Civilian Population

% White Population: 82.07

% Black Population: .55

% Hispanic Population: 30.35

% Population Asian: .97

% Population Over 65: 11.30

Youth Ratio: 0.35

Elder Ratio: 0.17

Population Center

Place: Healdsburg

Place Pop: 10,722

Tract: 1539.02

Tract Pop: 4,726

Physician Ratio's

Primary Care: 845

Dentists: 1,004

Psychiatrists: 8,029

Show Contiguous
Primary CareShow Contiguous
Dental / Mental Health

Under the "Search Results For" drop down menu, scroll through the numbers and choose the MSSA your CT is located in.

Primary Care Designation: Not Designated
Dental Designation: Not Designated
Mental Health Designation: Not Designated

MSSA Detail:

MSSA ID	CensusKey	TRACT_ID
205.1	06097153901	1539.01
205.1	06097153902	1539.02
205.1	06097153903	1539.03
205.1	06097154000	1540.00

Record: 1 of 4

Report

Close

Use the dropdown at the top to select a Medical Service Study Area.

Office of Statewide Health Planning and Development

Healthcare Workforce and Community Development Division

Record: 1 of 1

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Medical Service Study Areas

Search Result For:

MSSA: 205.1

County: Sonoma

MSSA Definition:

Rural

Area - Square Miles:

114.8

Geverville/Healdsburg

Total Population:

16,571

Civilian Population:

16,058

Population Density:

139.9

Primary Care Designation:

Not Designated

Pop 100% Poverty:

1,431

Pct 100% Poverty:

8.91

Dental Designation:

Not Designated

Pop 200% Poverty:

4,181

Pct 200% Poverty:

26.04

Mental Health Designation:

Not Designated

Infant Mortality:

8.94

Avg Birth Weight:

3,390.62

Based on Total Population

Population White:

13,178

% White Population:

82.07

Population Black:

89

% Black Population:

.55

Population Hispanic:

4,873

% Hispanic Population:

30.35

Population Asian:

156

% Population Asian:

.97

Youth Ratio:

0.35

Elder Ratio:

0.17

Population Center

Place:

Healdsburg

Physician Ratio's

Primary Care:

845

Place Pop:

10,722

Dentists:

1,004

Tract:

1539.02

Psychiatrists:

8,029

Tract Pop:

4,726

Show Contiguous
Primary CareShow Contiguous
Dental / Mental Health

Use the dropdown at the top to select a Medical Service Study Area.

Office of Statewide Health Planning and Development

Healthcare Workforce and Community Development Division

Record: 1

1

1 of 1

MSSA Detail:

Census Tracts in this MSSA

MSSA ID	CensusKey	TRACT ID
205.1	06097153901	1539.01
205.1	06097153902	1539.02
205.1	06097153903	1539.03
205.1	06097154000	1540.00

Record: 1

1

1 of 4

Report

Close

RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAMS
REQUEST FOR APPLICATION 2009-2012

APPEALS PROCESS

Appeals

An applicant may appeal a funding decision on the grounds that the RHSD/SAMW Program incorrectly adhere to the review process specified in this RFA. There is no appeal process for incomplete applications or applications submitted after the deadline. Only unfunded applicants who submit an application with required guidelines may appeal. An applicant denied funding may appeal the Department's decision. Applicants denied funding may appeal the Department's decision. The appeal process is set forth below.

Grievance

Within five (5) working days of notification of an alleged action by the Department, the applicant must deliver the grievance together with any evidence, in writing, to the Deputy Director under which the denial of the application or other basis for the grievance occurred.

The grievance must state the issues in dispute, the legal authority or other basis for the applicant's position, and the remedy sought.

The Deputy Director or designee may, in his/her sole discretion, meet with the applicant to review the issues raised. A written decision signed by the Deputy Director or designee shall be returned to the applicant within twenty (20) working days of the receipt of the appeal.

This decision shall be the final administrative determination of the Department.

Send your appeals directly to:

Catherine Halverson, Deputy Director
California Department of Health Care Services
Health Care Operations
Primary and Rural Health Division
1501 Capitol Avenue MS 4050
P.O. Box 997413
Sacramento, CA 95899-7413

RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAMS
REQUEST FOR APPLICATION 2009-2012

FUNDING METHODOLOGY – WEIGHTED COMPONENTS

Indigent Population

The indigent population is measured by the percent of clinic patients at or below 200 percent of the federal poverty level (FPL). Figures to perform the calculation are provided in the OSHPD Annual Utilization Report of Primary Care Clinics (Annual Utilization Report). The score for this component is determined by deriving the percent of clinic patients at or below 200 percent of FPL (by dividing the number of indigent patients by the number of total clinic patients) and multiplying that figure by the weighting factor (30% for RHDS and 45% for SAMW).

Uncompensated Care

Information in the Annual Utilization Report is used to measure uncompensated care. Specifically, sliding fee scale write-offs and bad debts are added together and divided by the charges reimbursed at 100 percent to obtain a measure of uncompensated care. The score for this component is determined by calculating the write-offs and bad debts as a percentage of charges reimbursed at 100 percent and then applying the weighting factor (30% for RHDS and 35% for SAMW).

Linguistic Isolation

Linguistic isolation is measured by the percent of clinic patients that do not speak English. This percent is reported in the Annual Utilization Report, which asks, *"Please provide the percentage of your patient population that does not speak English."* The score for this component is determined by multiplying the percent of patients that do not speak English by the weighting factor (15% for RHDS and 20% for SAMW).

Geographic Isolation

Geographic isolation is a component of need in RHSD Program funding only. It is not a factor in SAMW Program funding. The population density of the MSSA in which it is located measures a clinic's geographic isolation. Population density is calculated by dividing the civilian non-institutionalized population by the area in square miles. MSSA information is provided by OSHPD Dashboard at www.oshpd.ca.gov. The score for this component is determined by subtracting the MSSA's (where the clinic is located) population density from 250 (from the OSHPD definition of the maximum population density of rural MSSAs), converting this calculation to a percent, and multiplying the percent by the weighting factor (25% for RHSD clinics only).

Final Funding Allocation

For continuing clinics, the final awards will be based on the totals of the maintenance of effort component (90%) of prior year's funding award added to the need-based funding component (balance of appropriation). The need-based component is determined by deriving an index value (the amount of dollars available for this component divided by the total number of points scored by all of the eligible clinics) and multiplying the index by the score achieved by each clinic.

For newly funded clinics, funding will be based solely on the need-based component as described above. However, assuming adequate funding, no SAMW Tier II clinic will receive less than \$50,000 and any SAMW Tier I clinic or RHSD funded clinic will receive less than \$75,000.

**RURAL HEALTH SERVICES DEVELOPMENT
SEASONAL AGRICULTURAL AND MIGRATORY WORKERS PROGRAMS
REQUEST FOR APPLICATION 2009-2012**

APPLICATION REVIEW TOOL

Documents

Attachments:			
Attachment 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 6	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of the clinic's current state license issued by DHCS			<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Corporation's current organizational chart			<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of the clinic's current certificate of malpractice insurance			<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation that each clinic site operates in a MUA, MUP, or HPSA (refer to Section III), or narrative submitted that demonstrates that at least 50% of the patients have incomes at or below 200% of the federal poverty level			<input type="checkbox"/> Yes <input type="checkbox"/> No
RHSD Program Applicants: Documentation that each clinic site operates in a rural MSSA			<input type="checkbox"/> Yes <input type="checkbox"/> No

Project Narrative

State Use Only

Description of (clinic)s location	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of types of services provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of demographics	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of rural health needs (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of programs, projects, or services that address rural health needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAMW Program Applicants: Description that each clinic site serves a total patient clientele comprised of at least 25 percent seasonal agricultural and migratory and their families	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAMW Program Applicants: Type(s) of services for seasonal agricultural and migratory and their families	<input type="checkbox"/> Yes <input type="checkbox"/> No

Work Plan

Objectives, goals and major activities are measurable, achievable, relevant and time-bound	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed activities describe the Time Line, Responsible Party, and FTE	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of how the Performance Measure will be assessed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appropriate staff positions identified for each activity	<input type="checkbox"/> Yes <input type="checkbox"/> No

Budget Detail

BDW(s) calculation totals are accurate	<input type="checkbox"/> Yes <input type="checkbox"/> No
BDW(s) are consistent with Work Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
BDW(s) have the correct level of detail for each budget line	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personnel costs based on the type of the position/provider and the needs of the applicant as described in the Work Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operating expenses are based on the quality and quantity of activities to be performed in the Work Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other costs are based on the quality and quantity of activities to be performed in the Work Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indirect costs are based on the quality and quantity of activities to be performed in the Work Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Exhibit A, Attachment I
Work Plan
Primary Care Services

Clinic Site Name: **Madera Medical and Dental Clinic**

☒ RHSD ☐ SAMW

Goal: To improve the health outcomes for the rural communities.

Objective: To provide 4650 primary care encounters annually, to low-income, uninsured or underinsured persons.

Activities	Time Line	Responsible Party/FTE	Performance Measure
Deliver primary care services annually, including but not limited to physical exams, follow-up treatment, administration of medicine, and ancillary services.	07/01/09 thru 06/30/12	Physician .50 FTE	<ul style="list-style-type: none"> A minimum of 2,100 patient encounters will be delivered Document procedures in patient charts Quarterly Progress Reports
Annually, set up exam room, prepare patients for exam, and assist the physician.	07/01/09 thru 06/30/12	Medical Assistant (1) .50 FTE	<ul style="list-style-type: none"> Assist physician with a minimum of 2,100 patient encounters Quarterly Progress Reports
Provide medically necessary dental procedures annually	07/01/09 thru 06/30/12	Dentist .25 FTE	<ul style="list-style-type: none"> A minimum of 450 patient encounters will be delivered Document procedures in patient charts Quarterly Progress Reports

Exhibit A, Attachment I
 Work Plan
Health Education Services

Clinic Site Name: **Chowchilla Family Health Center**

Goal: To improve the health status for the rural population in our community.
 Objective: To provide health education sessions annually to 1000 individuals, clinic and community groups through presentation and workshops.

☒ RHSD ☐ SAMW

Activities	Time Line	Responsible Party/FTE	Performance Measure
1. Deliver health education annually utilizing Healthy Families curriculum. 2. Deliver health education sessions annually: Topics covered may include but are not limited to: Diabetes; cardiovascular disease; hypertension; and stress management.	07/01/09 thru 06/30/12	Health Educator (1) 1.0 FTE	Activity 1: <ul style="list-style-type: none"> Conduct 2 workshops (20 one-hour sessions each workshop, 1 session weekly) A minimum of 75 participants will complete 20 sessions 50 participants will demonstrate a 70% increase in knowledge based on pre/post test survey score Attendance Roster Quarterly Progress Reports Activity 2: <ul style="list-style-type: none"> Conduct 92 sessions (2 one-hour sessions, weekly) A minimum of 325 participants will attend at least 3 sessions 175 participants will be able to identify three or more risk factors on topics covered based on survey results. Quarterly Progress Reports
3. Conduct walks annually targeted to clinic and community members. 4. Deliver health education sessions annually throughout the day at community events. Topics covered may include but are not limited to: Healthy diet and cooking; demonstrating the MyPyramid.gov website to enter client's data and generate a meal plan; and teaching how to read labels.	07/01/09 thru 06/30/12	Health Educator (2) .10 FTE	Activity 3: <ul style="list-style-type: none"> Conduct 40 walks A minimum of 200 participants will participate in walks 100 of the participants will increase pedometer readings by 10% Quarterly Progress Reports Activity 4: <ul style="list-style-type: none"> Attend 8 community events Conduct 48 1-hour sessions A minimum of 400 participants will be able to generate a healthy meal plan Quarterly progress reports

Exhibit A, Attachment I
 Work Plan
Nutrition Services

Clinic Site Name: **Chowchilla Family Health Center**

☐ RHSD ☒ SAMW

Goal: To improve the health outcomes for seasonal agricultural and migratory workers and their dependents by providing them medical nutritional consultation and services.

Objective: To provide nutritional education sessions annually to 435 individuals, clinic and community groups through consultation and workshops.

Activities	Time Line	Responsible Party/FTE	Performance Measure
1. Deliver nutritional education sessions annually to clinic patients and their family members. Topics may include but are not limited to: Tailoring diet to medical condition; managing supplements usage—salt, sugar; carbohydrate counting; modifying cooking. 2. Deliver clinic patient nutritional education sessions annually to diagnose and treat nutritional related health conditions and improve patients' health outcomes. 3. Deliver nutritional education sessions annually at community events.	07/01/09 thru 06/30/12	Registered Dietician .50 FTE	Activity 1 <ul style="list-style-type: none"> • Conduct 6 8- hour sessions • A minimum of 35 participants will complete one session • 80% will demonstrate an increase in knowledge based on Patient Evaluation forms and Pre and Post results • Attendance Rosters • Quarterly Progress Reports Activity 2 <ul style="list-style-type: none"> • Conduct 500 1-hour sessions • A minimum of 300 clinic patients will attend one session • Patient Competency Evaluation and/or Patient Records • Quarterly Progress Reports Activity 3 <ul style="list-style-type: none"> • Attend 3 community events • Conduct 12 1-hour sessions • A minimum of 100 participants will attend one session • Quarterly Progress Reports

Exhibit A, Attachment I
Work Plan

Health Care Access Services

Clinic Site Name: **Madera Medical and Dental Clinic**☐ RHSD ☒ SAMW

Goal: To improve healthcare access for seasonal agricultural and migratory workers and their families.

Objective: To provide awareness of health care services, annually, to 1250 seasonal agricultural and migratory workers and their families at labor camps, worksites, child-care centers, community centers and/or community agencies.

Activities	Time Line	Responsible Party/FTE	Performance Measure
1. Deliver health care access information annually to seasonal agricultural and migratory workers and their families at labor camps, worksites, child care centers, community centers, and community agencies. Information may include, but is not limited to: Expanded clinic hours of operation; availability of transportation to the clinic; and assistance with enrollment in insurance programs.	07/01/09 thru 06/30/12	Community Health Outreach Worker 0.50 FTE	Activity 1: <ul style="list-style-type: none"> Conduct 800 1-hour sessions A minimum of 750 participants will receive at least one hour of health care services information. Enrollment history Quarterly Progress Reports
2. Attend community events annually and be available to answer questions regarding health care access services.	07/01/09 thru 06/30/12	Medical Assistant (1) .05 FTE	Activity 2: <ul style="list-style-type: none"> Attend 4 community events Distribute 500 clinic brochures Quarterly Progress Reports

BUDGET DETAIL WORKSHEET**RURAL HEALTH SERVICES DEVELOPMENT (RHSD) PROGRAM**

COMPLETE ONLY THE AREAS HIGHLIGHTED IN YELLOW

CORPORATION NAME:	COMBINED RHSD CLINICS	GRANT NUMBER:	
Central Valley Health Services, Inc.		09-XXXXX	

X	FISCAL YEAR 2009-10
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1. PERSONNEL SERVICES

CLASSIFICATION TITLE	% FTE (RHSD PROGRAMS ONLY)	FULL TIME ANNUAL SALARIES OR WAGES	COSTS PAID BY THIS GRANT
Physician	0.50	\$120,000.00	\$60,000.00
Medical Assistant	0.50	24,000.00	12,000.00
Dentist	0.25	110,000.00	27,500.00
Health Educators (1) and (2)	1.10	29,000 to 38,000	40,900.00
TOTAL SALARIES AND WAGES			\$140,400.00
FRINGE BENEFITS (NOT TO EXCEED 32% OF TOTAL SALARIES AND WAGES)		19.13%	\$26,865.00
TOTAL PERSONNEL COST (ITEM 1)			\$167,265.00

2. OPERATING EXPENSES (e.g. travel, per diem, office supplies, rent)

TOTAL OPERATING EXPENSES (ITEM 2)	\$0.00

3. OTHER COSTS (e.g. subcontracts, educational materials)

Curriculum, Surveys	\$2,750.00
Pedometers	400.00
TOTAL OTHER COSTS (ITEM 3)	\$3,150.00

4. INDIRECT COST (Not to exceed 10% of Total Salaries and Wages, Excluding Fringe Benefits)

TOTAL INDIRECT COST (ITEM 4)	10.00%	\$14,040.00
TOTAL BUDGET (SUM OF LINE ITEMS 1 THRU 4)		\$184,455.00

BUDGET DETAIL WORKSHEET**RURAL HEALTH SERVICES DEVELOPMENT (RHSD) PROGRAM**

COMPLETE ONLY THE AREAS HIGHLIGHTED IN YELLOW

CORPORATION NAME:	CLINIC NAME:	GRANT NUMBER:	
Central Valley Health Services, Inc.	Madera Medical and Dental Clinic	09-XXXXX	

X	FISCAL YEAR 2009-10		FISCAL YEAR 2010-11		FISCAL YEAR 2011-12	
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1. PERSONNEL SERVICES

CLASSIFICATION TITLE	% FTE (RHSD PROGRAMS ONLY)	FULL TIME ANNUAL SALARIES OR WAGES	COSTS PAID BY THIS GRANT
Physician	0.50	\$120,000.00	\$60,000.00
Medical Assistant	0.50	24,000.00	12,000.00
Dentist	0.25	110,000.00	27,500.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
TOTAL SALARIES AND WAGES			\$99,500.00
FRINGE BENEFITS (NOT TO EXCEED 32% OF TOTAL SALARIES AND WAGES)		27.00%	\$26,865.00
TOTAL PERSONNEL COST (ITEM 1)			\$126,365.00

2. OPERATING EXPENSES (e.g. travel, per diem, office supplies, rent)

TOTAL OPERATING EXPENSES (ITEM 2)	\$0.00

3. OTHER COSTS (e.g. subcontracts, educational materials)

TOTAL OTHER COSTS (ITEM 3)	\$0.00

4. INDIRECT COST (Not to exceed 10% of Total Salaries and Wages, Excluding Fringe Benefits)

TOTAL INDIRECT COST (ITEM 4)	10.00%	\$9,950.00
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TOTAL BUDGET (SUM OF LINE ITEMS 1 THRU 4)	\$136,315.00
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BUDGET DETAIL WORKSHEET**RURAL HEALTH SERVICES DEVELOPMENT (RHSD) PROGRAM**

COMPLETE ONLY THE AREAS HIGHLIGHTED IN YELLOW

CORPORATION NAME:	CLINIC NAME:	GRANT NUMBER:	
Central Valley Health Services, Inc.	Chowchilla Family Health Center	09-XXXXX	

X	FISCAL YEAR 2009-10		FISCAL YEAR 2010-11		FISCAL YEAR 2011-12	
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1. PERSONNEL SERVICES

CLASSIFICATION TITLE	% FTE (RHSD PROGRAMS ONLY)	FULL TIME ANNUAL SALARIES OR WAGES	COSTS PAID BY THIS GRANT
Health Educator (1)	1.00	\$38,000.00	\$38,000.00
Health Educator (2)	0.10	29,000.00	2,900.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
TOTAL SALARIES AND WAGES			\$40,900.00
FRINGE BENEFITS (NOT TO EXCEED 32% OF TOTAL SALARIES AND WAGES)		0.00%	\$0.00
TOTAL PERSONNEL COST (ITEM 1)			\$40,900.00

2. OPERATING EXPENSES (e.g. travel, per diem, office supplies, rent)

TOTAL OPERATING EXPENSES (ITEM 2)	\$0.00

3. OTHER COSTS (e.g. subcontracts, educational materials)

Curriculum, Surveys	\$2,750.00
Pedometers	400.00
TOTAL OTHER COSTS (ITEM 3)	\$3,150.00

4. INDIRECT COST (Not to exceed 10% of Total Salaries and Wages, Excluding Fringe Benefits)

TOTAL INDIRECT COST (ITEM 4)	10.00%	\$4,090.00
TOTAL BUDGET (SUM OF LINE ITEMS 1 THRU 4)		\$48,140.00

BUDGET DETAIL WORKSHEET**SEASONAL AGRICULTURAL AND MIGRATORY WORKERS (SAMW) PROGRAM**

COMPLETE ONLY THE AREAS HIGHLIGHTED IN YELLOW

CORPORATION NAME:	COMBINED SAMW CLINICS	GRANT NUMBER:	
Central Valley Health Services, Inc.		09-XXXXX	

X	FISCAL YEAR 2009-10
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1. PERSONNEL SERVICES

CLASSIFICATION TITLE	% FTE (SAMW PROGRAMS ONLY)	FULL TIME ANNUAL SALARIES OR WAGES	COSTS PAID BY THIS GRANT
Community Health Outreach Worker	0.50	\$28,000.00	\$14,000.00
Medical Assistant	0.05	24,000.00	1,200.00
Registered Dietician	0.50	51,000.00	25,500.00
TOTAL SALARIES AND WAGES			\$40,700.00
FRINGE BENEFITS (NOT TO EXCEED 32% OF TOTAL SALARIES AND WAGES)		0.00%	\$0.00
TOTAL PERSONNEL COST (ITEM 1)			\$40,700.00

2. OPERATING EXPENSES (e.g. travel, per diem, office supplies, rent)

5280 miles x 58.5 cents per mile	\$3,088.00
(132 days x approximately 40 miles per day)	
TOTAL OPERATING EXPENSES (ITEM 2)	\$3,088.00

3. OTHER COSTS (e.g. subcontracts, educational materials)

Brochures, Flyers	\$1,000.00
Evaluations, Surveys	600.00
Handouts for community events	300.00
TOTAL OTHER COSTS (ITEM 3)	\$1,900.00

4. INDIRECT COST (Not to exceed 10% of Total Salaries and Wages, Excluding Fringe Benefits)

TOTAL INDIRECT COST (ITEM 4)	10.00%	\$4,070.00
TOTAL BUDGET (SUM OF LINE ITEMS 1 THRU 4)		
		\$49,758.00

BUDGET DETAIL WORKSHEET**SEASONAL AGRICULTURAL AND MIGRATORY WORKERS (SAMW) PROGRAM**

COMPLETE ONLY THE AREAS HIGHLIGHTED IN YELLOW

CORPORATION NAME:	CLINIC NAME:	GRANT NUMBER:	
Central Valley Health Services, Inc.	Madera Medical and Dental Clinic	09-XXXXX	
X	FISCAL YEAR 2009-10	FISCAL YEAR 2010-11	FISCAL YEAR 2011-12

1. PERSONNEL SERVICES

CLASSIFICATION TITLE	% FTE (SAMW PROGRAMS ONLY)	FULL TIME ANNUAL SALARIES OR WAGES	COSTS PAID BY THIS GRANT
Community Health Outreach Worker	0.50	\$28,000.00	\$14,000.00
Medical Assistant	0.05	24,000.00	1,200.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
TOTAL SALARIES AND WAGES			\$15,200.00
FRINGE BENEFITS (NOT TO EXCEED 32% OF TOTAL SALARIES AND WAGES)		0.00%	\$0.00
TOTAL PERSONNEL COST (ITEM 1)			\$15,200.00

2. OPERATING EXPENSES (e.g. travel, per diem, office supplies, rent)

5280 miles x 58.5 cents per mile	\$3,088.00
(132 days x approximately 40 miles per day)	
TOTAL OPERATING EXPENSES (ITEM 2)	\$3,088.00

3. OTHER COSTS (e.g. subcontracts, educational materials)

Brochures, Flyers	\$1,000.00
TOTAL OTHER COSTS (ITEM 3)	\$1,000.00

4. INDIRECT COST (Not to exceed 10% of Total Salaries and Wages, Excluding Fringe Benefits)

TOTAL INDIRECT COST (ITEM 4)	10.00%	\$1,520.00
TOTAL BUDGET (SUM OF LINE ITEMS 1 THRU 4)		\$20,808.00

BUDGET DETAIL WORKSHEET**SEASONAL AGRICULTURAL AND MIGRATORY WORKERS (SAMW) PROGRAM**

COMPLETE ONLY THE AREAS HIGHLIGHTED IN YELLOW

CORPORATION NAME:	CLINIC NAME:	GRANT NUMBER:	
Central Valley Health Services, Inc.	Chowchilla Family Health Center	09-XXXXX	

X	FISCAL YEAR 2009-10		FISCAL YEAR 2010-11		FISCAL YEAR 2011-12	
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1. PERSONNEL SERVICES

CLASSIFICATION TITLE	% FTE (SAMW PROGRAMS ONLY)	FULL TIME ANNUAL SALARIES OR WAGES	COSTS PAID BY THIS GRANT
Registered Dietician	0.50	\$51,000.00	\$25,500.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
TOTAL SALARIES AND WAGES			\$25,500.00
FRINGE BENEFITS (NOT TO EXCEED 32% OF TOTAL SALARIES AND WAGES)		0.00%	\$0.00
TOTAL PERSONNEL COST (ITEM 1)			\$25,500.00

2. OPERATING EXPENSES (e.g. travel, per diem, office supplies, rent)

TOTAL OPERATING EXPENSES (ITEM 2)	\$0.00

3. OTHER COSTS (e.g. subcontracts, educational materials)

Evaluations, Surveys	\$600.00
Handouts for community events	300.00
TOTAL OTHER COSTS (ITEM 3)	\$900.00

4. INDIRECT COST (Not to exceed 10% of Total Salaries and Wages, Excluding Fringe Benefits)

TOTAL INDIRECT COST (ITEM 4)	10.00%	\$2,550.00
TOTAL BUDGET (SUM OF LINE ITEMS 1 THRU 4)		\$28,950.00